

An Independent Evaluation of Non-Emergency Medical Transportation in Idaho

Randall Owen, Caitlin Crabb, Miguel Morales, Yochai Eisenberg, Kaitlin Stober, & Drew Egli
Institute on Disability and Human Development - Chicago, IL

August 8, 2018

Final Report

Acknowledgments

The evaluation team would like to formally acknowledge the staff at the Center on Disabilities and Human Development at the University of Idaho who provided valuable input on the context for the evaluation and insight into the recommendations.

Table of Contents

Table of Contents	<i>i</i>
Table of Tables	<i>iii</i>
Table of Figures	<i>iv</i>
Executive Summary	<i>v</i>
Background	<i>1</i>
What is Non-Emergency Medical Transportation (NEMT)?	<i>1</i>
The Current Broker's Approach to NEMT	<i>2</i>
Methodology	<i>3</i>
Data Sources	<i>3</i>
Member Surveys	<i>4</i>
Power	<i>4</i>
Stratified Sample	<i>5</i>
Survey Procedures and Response Rate	<i>6</i>
Respondent Demographics	<i>7</i>
Stakeholder Interviews	<i>8</i>
Standard Reports	<i>9</i>
Detailed Data Report	<i>9</i>
Comparison group	<i>10</i>
Analytical Approach	<i>10</i>
Utilization	<i>11</i>
Importance of NEMT Services	<i>12</i>
Transition to the Current Broker	<i>12</i>
Transportation to Medical Appointments	<i>13</i>
Utilization of the Current Broker	<i>15</i>
Data Discrepancies	<i>16</i>
Monthly Trips	<i>16</i>
Types of Vehicle/Service	<i>17</i>
Unique Riders per Month	<i>18</i>
Provider Network	<i>20</i>
Communication	<i>21</i>
Arranging a Ride	<i>21</i>
Call Center	<i>22</i>
Location of the Current Broker	<i>23</i>
Call Center Response Times	<i>24</i>
Driver Experiences with the Call Center	<i>25</i>
Call Abandonment	<i>25</i>
Call Center Quality	<i>26</i>
Call monitoring	<i>26</i>
Stakeholder Views on Call Center Quality	<i>27</i>
Corrective Action Plans	<i>28</i>
Language Barriers	<i>30</i>
Complaints, Grievances, and Appeals	<i>31</i>
Complaints Definition	<i>31</i>
The Current Broker Complaints Data	<i>31</i>
Alternative Complaints Data	<i>33</i>

Evaluation of NEMT in Idaho

Families and Service Providers	33
Transportation Providers and Drivers.....	35
Complaints Details	36
Complaint Categories	37
Complaint Outcomes	38
Grievances and Appeals.....	40
Appeals.....	41
<i>Access to Care</i>	<i>41</i>
Transportation and Access to Healthcare	41
Transportation Timelines.....	43
No shows	45
Accommodations Needed.....	48
Denials.....	50
<i>Transportation Quality</i>	<i>53</i>
State of Vehicles.....	53
Safety	54
Stakeholders Experience with Drivers and Providers	55
Overall Quality Assessments.....	57
<i>IDP and Other Driver Concerns.....</i>	<i>59</i>
IDP Utilization	59
IDP Ride Experience.....	62
Stakeholder Perspectives on IDP.....	64
Driver Perspectives on IDP and Perspectives on IDP Drivers.....	64
The Current Broker’s Perspectives on IDP.....	67
Conclusions Regarding IDP.....	67
<i>Other Issues</i>	<i>68</i>
<i>Conclusion</i>	<i>70</i>
Looking Ahead	71
<i>Appendices.....</i>	<i>I</i>
Appendix A. Enrollee Survey	I
Appendix B. Extra Tables	III

Table of Tables

Table 1: Proportional Stratified Random Sampling Scheme.....	5
Table 2: Survey Response Rate	7
Table 3: Survey Respondent Demographics (N= 289)	8
Table 4: Frequency of Using the Current Broker, by Frequency of Appointments	14
Table 5: Reported Reasons for not Using the Current Broker's Transportation Services	15
Table 6: NEMT utilization (Monthly average)	17
Table 7: NEMT Utilization by Vehicle/Service.....	18
Table 8: NEMT utilization (raw trip data) comparing the Current Broker and Previous Broker.....	19
Table 9: Enrollee Experience with Call Center	28
Table 10: Differences in Detail and Standard Report	32
Table 11: Complaint Rates FY16-FY18	37
Table 12: Complaint Categories.....	38
Table 13: Complaint Outcomes FY16 - FY18.....	39
Table 14: the Current Broker Grievances (FY17)	40
Table 15: Transportation Difficulties	42
Table 16: Failure to Be Picked Up	46
Table 17: Specialized Assistance or Equipment Needed	49
Table 18: Denial Statistics for the Previous Broker (FY16) and the Current Broker (FY17 and FY18)	52
Table 19: Vehicle Cleanliness.....	54
Table 20: Scales and Individual Items Used for Assessing Overall Quality	57
Table 21: Mean Scores and SD for the Current Broker Survey Scales	58
Table 22: Transportation for Developmental, Behavioral, and Psychiatric Services	60
Table 23: IDP Provided Transportation for those on DD Waiver	61
Table 24: Overview of IDHW Requested Corrective Action Plans	III
Table 25: Reasons for Denials, the Current Broker July 2016 - June 2017	V

Table of Figures

Figure 1: Ecological Model.....	11
Figure 2: In the last year, how often did you go to medical appointments?.....	13
Figure 3: Transportation Types Used Most Often for Medical Appointments (n= 279).....	14
Figure 4: Total Monthly Trips.....	17
Figure 5: Unique Riders per month.....	19
Figure 6: Total Calls Received	22
Figure 7: Average Speed of Answer/Wait Time per Month.....	24
Figure 8: Call Abandonment Rate	26
Figure 9: Average Rating	27
Figure 10: In the last year, was there any time when you needed transportation to or from a health care visit but could not get it for any reason? (n = 271).....	42
Figure 11: How often was the driver on time to pick you up for a trip to or from an appointment?	44
Figure 12: Percentage of the Current Broker Late Trips: July 2016 to February 2018	45
Figure 13: The Current Broker and the Previous Broker Driver: No Shows (%).....	47
Figure 14: the Current Broker and the Previous Broker: Patient No Shows (%):	48
Figure 15: When transportation arrived, how often was the vehicle appropriate to meet your transportation needs (i.e., if you use a wheelchair the vehicle had a functional ramp or lift)?	49
Figure 16: Denied trips.....	52
Figure 17: When you received transportation, how often was the vehicle provided in good mechanical repair?	53
Figure 18: How often did you feel safe when riding with a transportation driver?	55
Figure 19: When you received transportation, how often was the transportation driver polite and courteous?	56
Figure 20: Use of IDP to Developmental Therapy July 2016- Feb 2018.....	60
Figure 21: Unique members who had IDP rides	61
Figure 22: In the last year, how often did the Current Broker's transportation fail to pick you up for a medical appointment?.....	62
Figure 23: In the last year, was there any time when you needed transportation to or from a health care visit but could not get it for any reason?	63
Figure 24: If you encountered a problem with the Current Broker transportation during your trip or at an appointment, how often were you satisfied with the resolution?.....	63
Figure 25: Member Survey.....	I

Executive Summary

Operation of the Non-Emergency Medical Transportation (NEMT) program in Idaho from June 2016 to March 2018, provided a mixture of results. A new business model was deployed that relied upon an Independent Driver Program (IDP) in the greater Boise area. The Current Broker utilized independent drivers who are not affiliated with a transportation provider and had previously been used in Arizona with Medicaid recipients for behavioral and mental health therapies. Because the program was new and unfamiliar, many stakeholders and advocates were anxious about how it would work for people with disabilities and people with developmental disabilities specifically. There was also some concern about how the IDP would work in Idaho, a more rural state.

The Idaho Department of Health and Welfare (IDHW) contracted with the Evaluation and Public Policy Unit in the Institute on Disability and Human Development at the University of Illinois at Chicago to evaluate access to healthcare and quality of care provided by the Current Broker for Idaho's NEMT services. The evaluation included interviews with stakeholders, review of standard and detailed reports produced by the Current Broker, and a survey distributed to a sample of eligible people utilizing NEMT services.

During the interviews, some stakeholders were generally positive and felt that the Current Broker tried to fix issues that arose. For example, many of them noted that the Current Broker established a "fixed route" in areas where the Current Broker agreed with the State to no longer use IDPs for people with developmental disabilities. On the other hand, other stakeholders were frustrated with the Current Broker and its operations. These people typically represented the disability and developmental disabilities communities. Much of the feedback contained in this report came from these frustrated stakeholders, which is not surprising because people with negative experiences are often the ones that participate in evaluations and push for change. People with positive experiences or no opinions generally do not participate at the same level. This is not to say that negative feedback should be taken "with a grain of salt"; indeed, many of the issues raised by stakeholders represent significant issues that impact enrollees' safety, access to healthcare, and the quality of their transportation services.

Survey results showed that transportation is an important issue and in high demand for NEMT eligible people in Idaho. The evaluation team constructed scales to measure a person's overall experience when scheduling a ride and the ride experience. There were no significant differences between groups for scheduling a ride, although that experience was fairly lowly rated (mean of 2.89 on

Evaluation of NEMT in Idaho

a scale from 1 to 5, with higher scores being better experiences). People with guardians (many of whom were people with developmental disabilities) reported poorer experiences with their ride than people without guardians. The evaluation team also asked people to rate the Current Broker from 1 to 10, and again, people with guardians had significantly lower ratings than people without guardians. In addition, people who lived in Ada or Canyon counties (the only two counties where IDP was implemented) had lower ratings than people in other counties in Idaho.

The data provided by the Current Broker on call center performance, complaints, and utilization of IDP all raised some concerns. In the first year of the contract, IDHW issued Corrective Action Requests relating to call center customer service and transportation timeliness relating to people with special healthcare needs. Call center performance, including calls abandoned, wait times, and monitoring of call quality declined after the first year. IDHW implemented Corrective Action Plans within the Current Broker's contract to correct these issues, but the Current Broker announced a year later that they were going to end the contract early, so the Corrective Action Plans had little impact. The complaints that were reported also raised some concerns. Although all complaints are supposed to be investigated, not all were. Only a small few were resolved on time. IDHW requested Corrective Action for this also. The evaluation team struggled with this data, as the data does not include descriptions of the complaint itself or the resolution, and there were fairly large discrepancies between the standard reports and the detailed reports. The Current Broker's data also showed that the utilization of IDP to travel to developmental therapy and by people on the developmental disabilities waivers continued to increase, even after the agreement to only use that service for people with developmental disabilities who requested IDP as their preferred provider (and hardly any did). All data reported got significantly worse towards the end of the Current Broker's service period, after the Current Broker announced its intent to end the contract early.

The following points represent a summary of our findings:

- Operations ran fairly smoothly until late 2017, immediately after the Current Broker announced that it was ending the NEMT contract prematurely. Many of the issues that did exist could only be captured qualitatively, and the input of stakeholders was a large contribution to this evaluation.
- There were a number of complaints about the IDP model. Survey respondents from counties where IDP operated had much worse experiences than respondents from other counties. IDHW heard many of these complaints and requested that the IDP model would not be used for people with developmental disabilities, unless it was expressly noted that an individual preferred IDP, which the Current Broker agreed to. Nonetheless, IDP continued to be provided to people with developmental disabilities for the duration of the contract, and increased in the last year. IDPs, advocates, and other stakeholders were especially concerned with the IDP model

Evaluation of NEMT in Idaho

because there was little training provided to drivers and little oversight of the program (e.g., there was little regulation of the network of drivers, they essentially worked when they wanted, and rides were not necessarily always available).

- While some Corrective Action Plans were put together by IDHW to address issues (e.g., call center performance and complaints resolutions), they came too late in the contract to effectively address any of the issues. Allowing the Current Broker to complete the first year of operation before implementing corrective action seems to be a fair approach. However, combined with the Current Broker's decision to terminate the contract early, the plans had limited impact.
- IDHW and stakeholders did not feel that the data reported was accurate or represented all of the complaints that were made. The evaluation team confirmed the low quality of this data, which did not include descriptions of the reason for the complaint or the resolution that was made. Data on complaints and grievances clearly showed that all of the complaints were not investigated or resolved on time. Some advocates developed their own online complaint system, which was used by policymakers and IDHW staff to show some systematic threats to the quality of transportation and access to healthcare that NEMT users faced.

In addition, recommendations for future action are listed below.

Recommendation 1: IDHW should require future contractors to report detailed trips data similarly to the Current Broker, as one-way trip segments that provide greater specificity.

Recommendation 2: IDHW should develop a method to compare standard reports with the various detail reports, the trip utilization details in this instance. IDHW should determine what level of discrepancy is acceptable and when to require the contractor to explain differences and provide strategies for improvement.

Recommendation 3: IDHW should create a dashboard to monitor changes in the level of service and access to care, such as those for long-distance services and mileage reimbursement that will alert staff when services change dramatically. The dashboard can automate a lot of the monitoring that is needed and which takes up limited staff time.

Recommendation 4: New brokers should be required to undertake additional recruitment efforts that intentionally target people who are established NEMT users to ensure that existing riders have as much information as possible and are comfortable scheduling rides through the new broker.

Recommendation 5: There should be a system to monitor utilization per monthly rider and the number of trips per rider. When there is a substantial deviation from previous months, IDHW should check with the Broker for an explanation.

Evaluation of NEMT in Idaho

Recommendation 6: Additional complete data on the size of the network should be included in the standard reports by region. This information should include the number of vehicles and drivers available in each region per month. IDHW should establish thresholds to monitor whether the size of the network is sufficient (e.g. threshold rates for the ratio between vehicles and trips or the ratio between drivers and trips). This data should be available for both 3PO (third-party operators) and IDP (in the counties where it is applicable), separately. IDP should only be counted as available/active if that individual driver provided at least one ride in that month.

Recommendation 7: The data in Table 7 (which lists the types of vehicles that provide rides) should also include how many rides were provided by taxi services. It is important to track this to ensure that the network of inspected and credentialed providers is adequate.

Recommendation 8: In order to be responsive to stakeholder input, brokers should be required to have call centers of sufficient size in Idaho. In addition, when the Broker sends overflow and after hours calls to an office out-of-state, that broker should be required to provide information on the number of calls handled in Idaho and handled out-of-state on a monthly basis. The data report should also clearly differentiate overflow calls and after hours calls. If there is a large number of overflow calls, the Broker should be compelled to increase capacity within Idaho to handle those calls in state.

Recommendation 9: Brokers should be required to report monthly on not only the average speed of answer, but also the portion of calls that took longer than five minutes to answer. When wait times are determined to be beyond what is acceptable, the Broker should be required to increase capacity to handle call volumes.

Recommendation 10: Once or twice a year, an independent contractor, separate from the Broker and IDHW should conduct call monitoring in order to verify self-assessments of the Broker. Where large discrepancies exist, the independent contractor should continue to perform independent monitoring alongside the Broker until the ratings are more consistent with one another.

Recommendation 11: A consumer survey, such as the one conducted in this evaluation, should be conducted every year in order to assess questions of quality, especially with the call center. Although the Broker conducts a telephone survey with a few basic questions, that survey is not representative of the entire population, including people who never were able to get through to the call center, and people who never used the service for various reasons.

Evaluation of NEMT in Idaho

Recommendation 12: While requiring re-training and other activities by the Broker is a good first step when a corrective action plan is issued, it is also an opportunity to bring on outside experts to provide training and experience working with people with disabilities. These could include local advocacy groups or the local University Center of Excellence in Developmental Disabilities.

Recommendation 13: NEMT brokers need to give particular attention to cultural competency within their services. This may require outreach coordinators to work with refugee service provider organizations to make sure that eligible refugees know about NEMT services and can work with the provider organizations or outreach coordinators to help arrange transportation. If a rider does not speak English (or Spanish if the driver speaks Spanish) a note should be placed on that person's file so that the driver does not leave without picking up the non-English/non-Spanish-speaking rider. An alternative contact, such as a family member or the office if the ride is from an appointment, should be clearly provided to help coordinate the transportation between the alternate contact, the riders, and the driver. When possible, these riders should have same driver in order to build rapport and comfort on the part of the rider.

Recommendation 14: As with the other recommendations in this report, a system needs to be devised to compare standard reports and the detail reports more frequently to assess these discrepancies and try to find the "true" number of complaints.

Recommendation 15: IDHW should establish or continue an independent system to monitor complaints, completely separate from the Broker. This system should clearly note that in order for the Broker to respond to a complaint, it must be officially entered with the Broker as well. This system would be independently monitored and allows significant issues to be brought to IDHW's attention. The system would also provide guidance to advocacy groups looking to improve NEMT transportation services in Idaho.

Recommendation 16: The complaints detail reports should include details of the complaint and how it was investigated. There should also be a field to track how the resolution and the reason for the resolution was reported to the person making the complaint.

Recommendation 17: The complaints detail and standard reports should also include complaints from drivers. These should be easily identifiable to compare complaints (and grievances and appeals) between riders and drivers.

Evaluation of NEMT in Idaho

Recommendation 18: IDHW should establish a standard listing of complaint categories that the Broker should include in their complaint reports. Having a standard listing would allow comparisons of the types of complaints across plans and across years.

Recommendation 19: All complaints should be investigated and responses clearly communicated to the person making the complaint. The response should include the result of the investigation.

Recommendation 20: Detail reports on grievances and appeals should be available. The details should include the reasons for the grievance/appeal, a summary of the investigation and findings, whether the grievance or appeal was escalated to another layer of the appeal, and the ultimate outcome.

Recommendation 21: A consumer survey should be conducted on a regular basis, at least every two years, to track changes in outcomes such as drivers being on time.

Recommendation 22: IDHW should work with the Brokers to define a systematic way to report driver and passenger no-shows. Waiting for a potential passenger to report a no-show is not sufficient.

Recommendation 23: IDHW should invest in research that investigates reasons for passenger no-shows. Passenger no-shows have a significant impact on operations of the Broker, and every effort should be made to reduce those no-shows. They may also impact maintenance of members' health. Further investigations could reveal the best way for confirming a ride, provide procedures for drivers to follow when waiting for a passenger, and possibly highlight other problems, such as incorrect location information and problems with GPS systems. There may be common intrapersonal problems to getting ready for an appointment that could be addressed by a care coordinator or social worker.

Recommendation 24: Drivers should receive specific training on accommodations from local advocacy groups, including people with disabilities for hands-on training.

Recommendation 25: Brokers should also ensure that they clearly note all of the transportation documents when rides need special equipment or services. They should also clarify their policies and procedures for when transportation is provided but cannot make those special needs for equipment. If a ride is provided that is inaccessible or has nonfunctional equipment, that rider should be entitled to the next available accessible vehicle. Drivers should also be required to report these circumstances to track how frequently this actually occurs and to remove a vehicle from circulation when equipment is in need of repairs.

Evaluation of NEMT in Idaho

Recommendation 26: When producing reports, “other” should be a relatively small category. When it is the most frequent category in a report, or is more than 10% of cases fall into “other”, more detail should be provided and the Broker should be required to create more specific meaningful categories.

Recommendation 27: The NEMT broker should continue to do their own training, but once a year they should have refresher/follow-up training provided by advocacy groups in Idaho. These training should be mandatory for all drivers, both IDP and 3PO. If the driver does not attend, they should not be allowed to drive until they have completed training with an advocacy organization.

Recommendation 28: IDHW and the NEMT broker should collaborate on training materials that would be available to family members and other advocates. These materials should address questions related to NEMT about the operations of the program and assurances about the services that the NEMT user would be receiving. This could include something like a “Bill of Rights” for NEMT users and training about what should be expected from the service.

Recommendation 29: Future RFPs should allow for room for the possibility of a model similar to IDP in the future. Future contracts with NEMT providers should have some generic elements (such as data requirements), but also be specific to the model that is proposed. The IDP part of the Broker, the contract should have specified training and management of IDPs and where IDPs could and could not be used, at minimum.

Recommendation 30: IDHW should emphasize the importance of payment to providers so that a consistent, professional workforce is available to provide access to care for Medicaid members. IDHW should plan for increases in driver wages and tie NEMT reimbursement rates to cost-of-living adjustments to ensure that brokers are not locked into a particular rate.

Background

What is Non-Emergency Medical Transportation (NEMT)?

For people with disabilities, travel is often a barrier that inhibits access to non-emergency healthcare services, such as scheduled doctors' visits or therapy services.¹ Non-Emergency Medical Transportation (NEMT) is a transportation service for Medicaid recipients that transports them between their home and various provider appointments, including day therapy programs, non-emergency hospital services, rehabilitation services, and nursing homes. NEMT is important because over 3.6 million people across the United States miss or delay healthcare services each year because they do not have access to or cannot afford transportation to get to those appointments.² NEMT greatly benefits people who have limited public transportation options, frequent appointments, and/or long distances to travel to healthcare appointments for whom the cost of transportation may be prohibitive. When Medicaid recipients miss their scheduled appointments, those missed appointments waste resources (e.g., Medicaid/provider time and money). Medicaid recipients with transportation difficulties and insurance systems/states/the federal government benefit when NEMT is provided well.

In Idaho, the Medicaid NEMT benefit/program provides transportation options that people with disabilities and low-income Medicaid beneficiaries can use to travel to their healthcare appointments, day therapy programs, and other qualified services. The Centers for Medicare & Medicaid Services gives states considerable leeway in the design and implementation of NEMT programs, with the expectation that they are a cost-effective service. Overall, NEMT is a very small proportion of the Medicaid budget, accounting for less than 1% of spending on Medicaid services.³ From time to time, states are expected to evaluate access to and quality of various services, and Idaho's Medicaid program (Idaho Department of Health and Welfare [IDHW]) contracted researchers at the Institute on Disability and Human Development at the University of Illinois at Chicago (IDHD, UIC, referred to as the "evaluation team") to evaluate NEMT services delivered by their newest broker, which is referred to as "the Broker" or "the Current Broker" throughout this report. A NEMT broker is a contractor for a state Medicaid program that coordinates all of the NEMT services and payment to providers. They are provided capitated

¹ Gail R Bellamy et al., "Getting from Here to There: Evaluating West Virginia's Rural Nonemergency Medical Transportation Program," *The Journal of Rural Health* 19, no. S5 (2003).

² Richard Wallace et al., "Access to Health Care and Nonemergency Medical Transportation: Two Missing Links," *Transportation Research Record: journal of the transportation research board*, no. 1924 (2005).

³ Richard Garrity and Kathy McGehee, "Impact of the Affordable Care Act on Non-Emergency Medical Transportation (Nemt): Assessment for Transit Agencies," (2014).

Evaluation of NEMT in Idaho

payments and are expected to provide services to all eligible members. Most states now use NEMT brokers to manage transportation services because it is usually more cost-effective than having it run by the state.

The Current Broker's Approach to NEMT

IDHW has contracted with a transportation broker to provide NEMT services across Idaho since June of 2010. In 2015 near the end of the Initial Broker's contract, IDHW released a competitive procurement Request for Proposals (RFP) to establish a new contract to provide these services. The Current Broker's response to the RFP was chosen following the bidding process and the Current Broker and IDHW developed a contract to provide NEMT services beginning July 1, 2016 for an initial period of three fiscal years, ending June 30, 2019.

The Current Broker's approach to NEMT services was unique for Idaho. Traditionally, NEMT services have been provided by a transportation broker who contracts with third-party operators (3POs), transportation businesses with a dispatch office and drivers who work for the 3PO. This creates a system where people who want to use NEMT services only have to contact one office (the Current Broker) and the Current Broker schedules specific services based on the preferences of the rider, geography, and availability of drivers. The Current Broker continued to use 3POs throughout Idaho, many of them the same as those who worked with the Previous Broker(s).

However, the Current Broker also introduced a new model - the Independent Driver Program (IDP). IDP is often described as Uber- or Lyft-like in that drivers use their own vehicles; work when they want, not according to a schedule; and rely on technology to accept or decline rides. The Current Broker's response to the RFP stated that their "unique model leverages a highly-flexible and scalable fleet of providers in private vehicles and achieves a 99.6 percent on-time trip performance average." This model is currently employed in Connecticut and Arizona, although the Idaho context (e.g., extremely rural areas) offered challenges to the model; hence it was only deployed in the greater Boise area, Ada and Canyon counties to supplement 3POs. Near the end of this report, the evaluation team considers whether the IDP program had been a success in Idaho.

On October 30, 2017, IDHW and the Current Broker announced that the Current Broker had exercised an option in the contract to terminate the contract early. Services stopped on March 5, 2018, about midway through the original contract. A new broker was contracted to provide NEMT services beginning on March 6, 2018.

This report includes data on the entirety of the Current Broker's 20 months providing NEMT services in Idaho.

Methodology

In June of 2017, the State of Idaho's Department of Health and Welfare (IDHW) contracted the Institute on Disability and Human Development (IDHD) at the University of Illinois at Chicago (UIC) to conduct an independent assessment of the Non-Emergency Medical Transportation (NEMT) provided to eligible adults and children in Idaho. The central requirement of the contract was to develop and administer a customized survey to a sample of eligible participants that would produce statistically valid and representative findings. IDHD evaluators (the evaluation team) also collected data through stakeholder interviews and reviews of datasets and report packages submitted by the Current Broker.

The independent assessment contract originally focused on services between July 1, 2016 and June 30, 2017 (FY17). The Current Broker opted to end its contract to provide NEMT services in Idaho in early March 2018, and IDHW and the evaluation team decided to extend the evaluation time frame for the duration of the Current Broker's services. The original contract also specified that the evaluation team should conduct a post-evaluation follow-up regarding programmatic changes made following recommendations from the evaluation team. However, the evaluation team could not conduct a post-recommendation follow-up because the Current Broker ended its services early and no recommendations were implemented. Nonetheless, the recommendations included in this final report may be useful to the Current Broker as they provide NEMT services in other states, current and future NEMT vendors within the State of Idaho, and IDHW as they contract with future NEMT vendors.

This final report is mandated to include a comprehensive review and impact analysis specific to (1) a fact-based assessment of access to care and quality of NEMT services; (2) an assessment of strengths and opportunities for improvement with respect to access to care and quality of care; and (3) quality of services of the NEMT program, including recommendations for concrete actions that can be undertaken by IDHW to improve the health care services received through the NEMT program. Thus, the focus of this evaluation report is on members' access to care and members' quality of care.

Data Sources

In order to ensure a comprehensive review and analysis related to the Current Broker's NEMT services in Idaho, the evaluation team collected data using various methods and from a variety of sources. These efforts included member surveys; stakeholder interviews with enrollees, advocacy groups, drivers, NEMT providers, healthcare providers, IDHW staff, and the Current Broker staff; reviews

Evaluation of NEMT in Idaho

of summarized standard reports; and examinations of detailed data reports. These are detailed below. This data was compared to the Current Broker's contract with IDHW and the Current Broker's Request for Proposals (RFP) to provide NEMT services to assess whether data reflected the contract requirements and anticipated performance measures specified in the RFP.

Member Surveys

The evaluation team developed a customized survey that was distributed to a stratified random sample of people eligible for NEMT services in Idaho. The survey included 29 questions across four pages for enrollees to complete, with or without help from an aide or guardian, relating to utilization of, access to, and experiences with the Current Broker services; transportation to medical appointments and/or day programs; satisfaction; and demographics (see

Appendix A. Enrollee Survey). Enrollees with guardians were asked to have the guardian help complete the survey. Many of the survey questions are based on standard Consumer Assessment of Health Programs (CAHPS) surveys, which are standardized and used across the United States. Some questions were modified or added to be specific to the Idaho context, and staff at IDHW collaborated with the evaluation team to approve the final content of the survey before it was administered.

Power

The evaluation team received a database with 16,649 unique individuals who had used the Current Broker services or contacted the Current Broker to inquire about scheduling a ride. Prior to selecting a sample, the evaluation team conducted a power analysis to determine the appropriate sample size. Based on feedback from IDHW staff, which indicated that the sampling frame should be accurate and that enrollees in Idaho typically had a good survey response rate, the evaluation team used an assumed 50% response rate to calculate a sample size of 1,050 that would allow us adequate power to make comparisons between groups within the sample. However, as noted below, the actual response rate to the survey was significantly lower; therefore, the survey results do not have power to detect all the differences originally conceptualized. When the slow response rate became apparent, it was too late to select an additional sample because the Current Broker had already announced its intention to stop providing NEMT services, and the evaluation team made the choice not to sample more people after this because of our belief that the Current Broker's announcement could change respondents' perceptions such that surveys sent before and after the announcement would not be comparable. Nonetheless, the evaluation team was able to detect some differences between people based on the stratified groups described in the next subsection.

Stratified Sample

The evaluation team employed proportionate stratified random sampling to ensure that perspectives from a variety of groups were included in the survey sample. Specifically, the evaluation team stratified sampling based on three factors: guardianship status, prior NEMT utilization, and county of residence. Guardianship is divided into people with guardians (identified as those under 18 or with a different head of household identified in the sampling frame) and those without guardians. Utilization was based on the actual trip details for individual participants in the previous fiscal year and was split into three groups: rare utilizers (0-2 trips taken), medium utilizers (3-24 trips taken), and high utilizers (25+ trips taken). After the strata were defined, a random sample was selected from each strata, ensuring proportional representation; that is, the size of a given strata's proportion in the selected sample was similar to the strata's proportion in the sampling frame. Some of the strata were smaller than the others, and the evaluation team adjusted the sample size of strata to ensure a sufficient size in each group. In practice, this meant that many of the group sample sizes were increased, while a few of the larger groups were slightly decreased, although the sample size increased by 51 (to 1,101) from the sample size directed by the power analysis. Table 1 shows the strata with the sample size, the sampling frame size, and adjustments to the sample size in each strata. The sampling frame was also divided by county, with one group for people residing in Ada or Canyon counties (these are the counties where IDP was available) and another group for people in all other counties (where IDP was not available).

Table 1: Proportional Stratified Random Sampling Scheme

Strata description	Selected Sample		Sampling Frame	
	Size (n)	% of sample	Size (N)	% of frame
No guardian, not Ada/Canyon, rare utilizer	57	5.2%	769	4.6%
No guardian, not Ada/Canyon, medium utilizer	116	10.5%	1,633	9.8%
No guardian, not Ada/Canyon, high utilizer	198	18%	2,953	17.7%
No guardian, Ada/Canyon, rare utilizer	48	4.4%	558	3.4%
No guardian, Ada/Canyon, medium utilizer	94	8.5%	1,320	7.9%
No guardian, Ada/Canyon, high utilizer	119	10.8%	1,959	11.8%
Has guardian, not Ada/Canyon, rare utilizer	59	5.4%	879	5.3%
Has guardian, not Ada/Canyon, medium utilizer	94	8.5%	1,535	9.2%
Has guardian, not Ada/Canyon, high utilizer	101	9.2%	1,787	10.7%
Has guardian, Ada/Canyon, rare utilizer	52	4.7%	768	4.6%
Has guardian, Ada/Canyon, medium utilizer	102	9.3%	1,598	9.6%
Has guardian, Ada/Canyon, high utilizer	61	5.5%	880	5.3%
Total	1,101	100%	16,639	100%

Data Source: Eligible NEMT Participants List

Survey Procedures and Response Rate

Surveys were distributed to the selected sample through the mail at least twice. In addition, if a survey was not returned completed, each person in the sample received at least three telephone reminders to complete the survey. The survey and accompanying materials were available in Spanish if requested, and a listing of telephone numbers for additional translation services was included with the survey packet to facilitate completion of the survey in a variety of languages. The original intention was to select a new sample to replace cases for which the survey was returned as undeliverable, deceased, or that the evaluation team otherwise knew couldn't be reached. However, because of the Current Broker's announcement to stop providing NEMT services, the evaluation team was not able to select replacement cases because of the likelihood that the Current Broker's announcement would impact responses and render the second wave of surveys incomparable to the previous sample.

Eighty people were removed from the survey sample because of positive indications (e.g., the phone number and address provided reached somebody else) that the survey did not reach the person for whom it was intended. Thus, 1,021 respondents were used as our total sample size to calculate the response rate. [Note: this was necessary because of the impending end of the Current Broker contract to provide NEMT, the evaluation team did not have enough time to do more replacement efforts in the total sample.] As outlined in Table 2, 289 people in the sample completed the survey for a 28.3% response rate. This rate is less than the 50% that the evaluation team assumed when computing the sample size from the power analysis, but is still in line with most mail-based Medicaid surveys.⁴

As with most Medicaid surveys, the availability of accurate contact information was a challenge to increasing the response rate, as a significant amount of effort was devoted towards following up with incomplete or incorrect contact information. The Medicaid population is highly transient and maintaining up-to-date records is extremely difficult. The sampling frame that the evaluation team used was taken from records that the Current Broker used when verifying eligibility for services and dispatching rides, so the contact information was likely as accurate as possible. However, much of this data was still inaccurate. Almost 10% (101 of the 1,101, 9.2%) of the surveys could not be delivered

⁴ Patricia M. Gallagher, Floyd Jackson Fowler, and Vickie L. Stringfellow, "The Nature of Nonresponse in a Medicaid Survey: Causes and Consequences," *Journal of Official Statistics* 21, no. 1 (2005); Amie Goodin et al., "Consumer/Patient Encounters with Prescription Drug Monitoring Programs: Evidence from a Medicaid Population," *Pain Physician* 15, no. 3S (2012); Randall Owen, Tamar Heller, and Anne Bowers, "Health Services Appraisal and the Transition to Medicaid Managed Care from Fee for Service," *Disability and Health Journal* 9, no. 2 (2016); Dana Gelb Safran et al., "Measuring Patients' Experiences with Individual Primary Care Physicians," *Journal of General Internal Medicine* 21, no. 1 (2006).

Evaluation of NEMT in Idaho

because of incorrect addresses, and 434 (39.4%) of the sample did not even have a telephone number provided. Another 121 (11%) of the phone numbers were incorrect. Nonetheless, we only reduced the sample size by 80 because most of the enrollees had either telephone numbers or addresses that were correct.

Table 2: Survey Response Rate	
Total surveys sent	1,101
Total surveys for which there is no contact information	80
Total sample size	1,021
Completed surveys	289
Response rate	28.3%
Data Source: Member Survey	

Respondent Demographics

A total of 289 people completed the survey. Their demographic information is summarized in Table 3. The largest proportion of people were between 31 and 50 years of age (95 people, 32.9% of respondents), although the distribution of age was good, with a fairly even number of people under 18 years of age (10.4%) and over 65 (14.9%). More females than males completed the survey (172 versus 106). Only 37 (12.8%) of the respondents self-identified as Hispanic. The vast majority of the respondents were White (209, 72.3%). Table 3 also contains the respondents' guardianship status, county of residence, and number of trips taken, although this information was obtained from the sampling frame, not self-reported. One-quarter of the respondents had a guardian and nearly 43% of the respondents lived in Ada or Canyon counties (57% lived in other counties in Idaho). The majority of the respondents were frequent utilizers of NEMT; 157 people (54.3%) took 25 or more trips. Throughout this report, comparisons are made between demographics when possible, although because of the skewed data in some of the demographic variables (for instance, race) the sample sizes are not large enough to allow for accurate comparisons (race data was not available prior to sample selection, so the evaluation team was not able to stratify the sample on this variable to ensure adequate representation). Comparisons of groups of respondents that the evaluation team did include in the stratified sampling are also included throughout the report where there is a significant difference between groups.

Evaluation of NEMT in Idaho

Table 3: Survey Respondent Demographics (N= 289)	
Age	
Under 18	30 (10.4%)
18-30	37 (12.8%)
31-50	95 (32.9%)
51-64	72 (24.9%)
65+	43 (14.9%)
No answer	12 (4.2%)
Gender	
Male	106 (36.7%)
Female	172 (59.5%)
Other	1 (0.3%)
No answer	10 (3.4%)
Ethnicity	
Hispanic	37 (12.8%)
Not Hispanic	194 (67.1%)
No answer	58 (20%)
Race	
American Indian or Alaskan native	21 (7.3%)
Asian	5 (1.7%)
Black, African-American, or Haitian	5 (1.7%)
Native Hawaiian or other Pacific Islander	4 (1.4%)
White	209 (72.3%)
Other	15 (5.2%)
No answer	30 (10.4%)
Guardian	
No guardian	219 (75.8%)
Has guardian	70 (24.2%)
County	
Ada/Canyon	124 (42.9%)
Other	165 (57.1%)
Trips Group	
0-2 trips	41 (14.2%)
3-24 trips	91 (31.5%)
25+ trips	157 (54.3%)
Data Source: Member Survey and Sampling Frame	

Stakeholder Interviews

The evaluation team also conducted 54 individual interviews to help contextualize some of the data, understand processes, and gather other feedback on the Current Broker's performance. This included six (6) interviews with the Current Broker staff members, two (2) with IDHW staff, 11 with NEMT users, eight (8) with transportation providers (owners/managers at third party operators), 13 with NEMT drivers (eight (8) in the Independent Driver Program and five (5) who worked for third party

Evaluation of NEMT in Idaho

operators), and 14 interviews with other stakeholders (a mix of healthcare providers, service providers, parents, family members, and advocates concerned with transportation options in Idaho). On average, the interviews lasted about 30 minutes, although the 14 other stakeholders typically took a little bit longer, about 45 minutes. The interviews were conducted over the telephone and were not recorded; the evaluation team took detailed notes during the interviews and transcribed meaningful quotes verbatim.

Interview participants from the Current Broker and IDHW were identified by leaders in each organization, while drivers and transportation companies were recruited by sending an email with a recruitment flyer to a list of provider organizations and independent drivers who were contracted with the Current Broker. Drivers and providers self-selected for the interview by contacting the evaluation team to arrange a time for the interview. The NEMT users who were interviewed indicated in the enrollee survey that they wanted to be contacted for an interview. The evaluation team randomly selected 11 users for interviews, after controlling for certain factors so that users with varying levels of satisfaction and different experiences would be included. The other stakeholders, especially advocates, were recruited by posting on Facebook pages or email listservs used by people concerned with ensuring the quality of NEMT in Idaho.

Standard Reports

As part of its contract, every month the Current Broker submitted to IDHW a package of standard reports with summary data on various performance measures for the previous month. Typically, these standard reports also included data on the previous three months, which is more accurate and complete given the longer timeframe for the Current Broker to receive data from operators and consumers corresponding to a given month. The evaluation team compiled this data into a single database to track performance on the measures over the duration of the Current Broker's contract to provide NEMT in Idaho. The evaluation team also used these reports to compare data within them to data in the detailed reports (see below). More information on the composition of the standard reports is included later in this final report.

Detailed Data Report

The evaluation team had access to detailed data reports that IDHW received from the Current Broker. The specific reports that the evaluation team utilized were monthly files with the trip details and a file with details on the complaints received by the Current Broker between July 1, 2016 and February

9, 2018. The trip details files include information on every NEMT service provided by the Current Broker, including dates of travel, origin and destination, provider name, vehicle type, and distance.

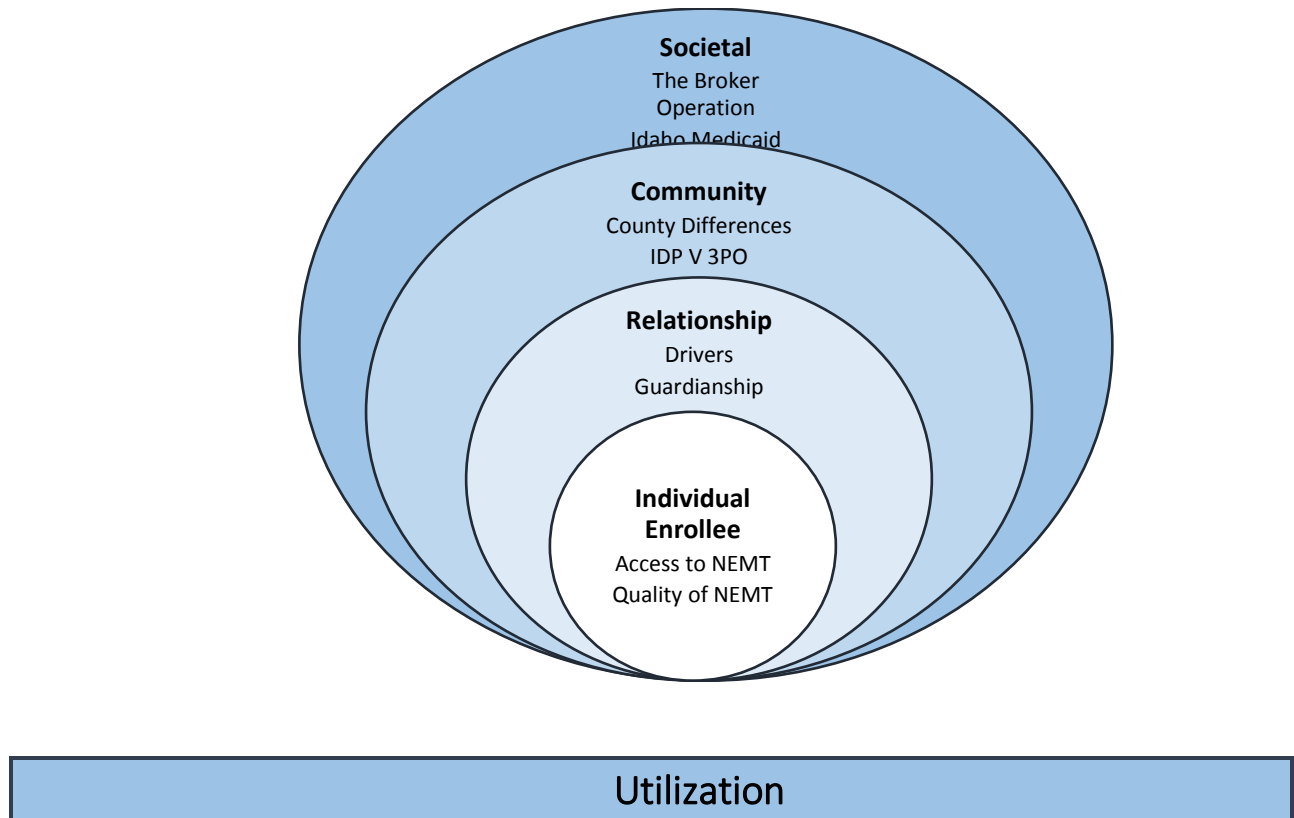
Comparison group

The evaluation team attempted to compare the Current Broker operations with Idaho's previous NEMT broker, when similar datasets were available. The evaluation team used standard reports and detailed data from the Previous Broker for comparison. The comparison helps to understand the context and how well the Current Broker is doing on key performance measures. It also helped explain certain seasonal variations.

Analytical Approach

Throughout the data analysis of data in this evaluation, including analysis of the summary and detailed data, survey data, and interviews, the evaluation team took a critical approach to analyzing the data, guided by the question, "how does this factor impact enrollees receiving NEMT services?" The evaluation team used a modified ecological model (Figure 1) to conceptualize the evaluation and frame the questions and problems therein. This model places the individual enrollee at the center of the analysis with three layers of encompassing circles to show various levels of contextual factors considered in the evaluation. According to the ecological model, the first layer around the individual is relationships, which in this evaluation corresponds to relationships with the drivers and vehicles (for instance, feeling safe and treated with respect along with accessibility of vehicles) as well as whether the individual has a legal guardian. The next layer is response to community factors, including whether an individual lives in a rural or urban county, and whether the Independent Driver Program is available in that county or whether services are only available through third party operators. The final layer is that of societal factors, which for the evaluation refers to aspects such as the Current Broker's procedures and general Idaho Medicaid rules for NEMT. All of these layers influence individual enrollees' ability to access health care and maintain their own health status as well as the quality of care they receive. To provide a comprehensive evaluation, we have examined NEMT services under the Current Broker across these 4 layers.

Figure 1: Ecological Model



This section describes utilization of the Current Broker’s NEMT services in Idaho; transitions to the Current Broker from the Previous Broker; how frequently users go to medical appointments and their usual sources of transportation; and the number and types of trips and unique users receiving the Current Broker services. The evaluation team reviewed utilization over time to see if the Current Broker is maintaining the same level of service as the previous NEMT broker and how the Current Broker’s provision of services changed over the course of the contract.

Utilization is closely related to perceptions of the Current Broker. People who use more services have more opportunities for both positive and negative experiences with the NEMT broker, the Current Broker. Negative experiences can push people to attempt to find alternative modes of travel if they are able to, while others may continue to utilize the Current Broker as their only option. On the other hand, positive experiences can alleviate concerns about transportation, and people with positive experiences may be more likely to routinely use the service.

Importance of NEMT Services

The majority of stakeholders mentioned in the interviews that they felt that NEMT, in general, was a valuable service that facilitated their access to care. Some enrollees valued the independence that NEMT offers and were relieved that they didn't have to rely on others to take them to healthcare appointments. One enrollee said:

There's someone there that's willing to take us, and most of the time, they're friendly and helpful. I know I hated to keep asking my neighbors to take me. I felt like I was putting pressure on them and they had plenty to do for them and their families. So I hated to bother them, that's probably the main thing.

Another enrollee was happy that they did not have to ask family members to take them to appointments, since these family members would have had to take time off from work or away from their other family members to do so.

Transition to the Current Broker

Since stakeholders understood the importance of NEMT, they paid close attention to the transition to the Current Broker from their Previous Broker. Several stakeholders felt that the transition from the Previous Broker to the Current Broker was a rocky one. Many indicated that it felt like they were starting from "square one" or starting all over again. One service coordinator said, "It was so bad. [The Current Broker] didn't seem to know what they were doing, the drivers didn't know what they were doing." An advocate noted that the transition to the Current Broker drove some providers out of the state. Stakeholders, such as healthcare providers, indicated that people were not being picked up during their first few weeks of operation. Many stakeholders said that they expected challenges, but were surprised by the volume of issues that emerged during the transition to the Current Broker. However, one service coordinator felt that the transition went pretty well. In general, stakeholders who participated in the interviews seemed more likely to present negative opinions on the transition; it is plausible these stakeholders agreed to participate in the interviews because of their feelings and desire to note issues that could be improved.

This evaluation report contains other data points that can be used to assess the transition to the Current Broker. The Current Broker and IDHW worked closely together to ensure that the transition was as successful as possible. There was a detailed timeline for elements relating to the transition and IDHW conducted a "readiness review" of the Current Broker prior to the start of the contract. The Current

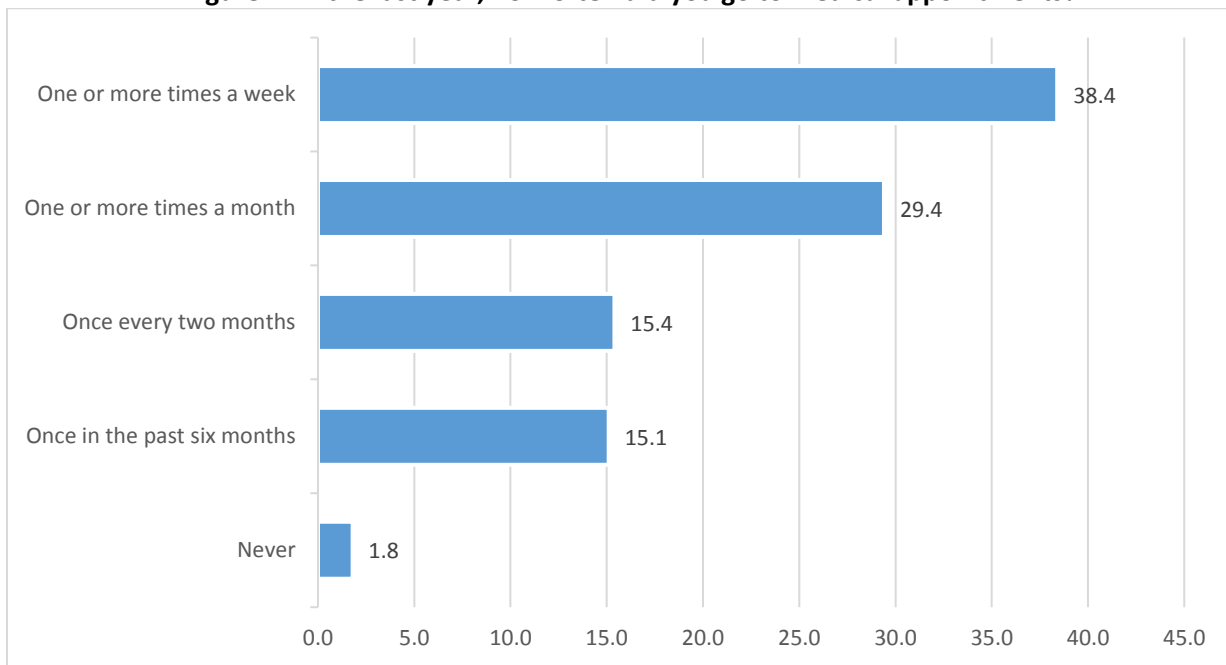
Evaluation of NEMT in Idaho

Broker was in compliance with that readiness review and began services on time at the beginning of the contract.

Transportation to Medical Appointments

The evaluation team's consumer survey included a question asking respondents how often they go to medical appointments or day therapy. Figure 2 displays their responses. Over two-thirds of respondents said that they have an appointment at least once a month (38.4% said one or more times a week, while 29.4% said one or more times a month). About one-third said that they go once every two months (15.4%) or once in the past six months (15.1%). Only 1.8% of respondents said they never attended any medical appointments or day therapy services. This data suggests that people who responded to the survey were mostly frequent users of medical services.

Figure 2: In the last year, how often did you go to medical appointments?



The survey also asked respondents how often they used the Current Broker's NEMT services. Table 4 compares how often people go to medical appointments or use therapy services as well as how often they use the Current Broker for those services. There is a slight relationship between these questions; people who have more frequent appointments also use the Current Broker more frequently. For instance, the last column on the right of that table shows how frequently people responded that they always use the Current Broker: 45.8% of respondents who reported having one or more appointments a week claimed that they always used the Current Broker. The number of respondents who 'always used the Current Broker' decreased as the number of reported appointments decreased.

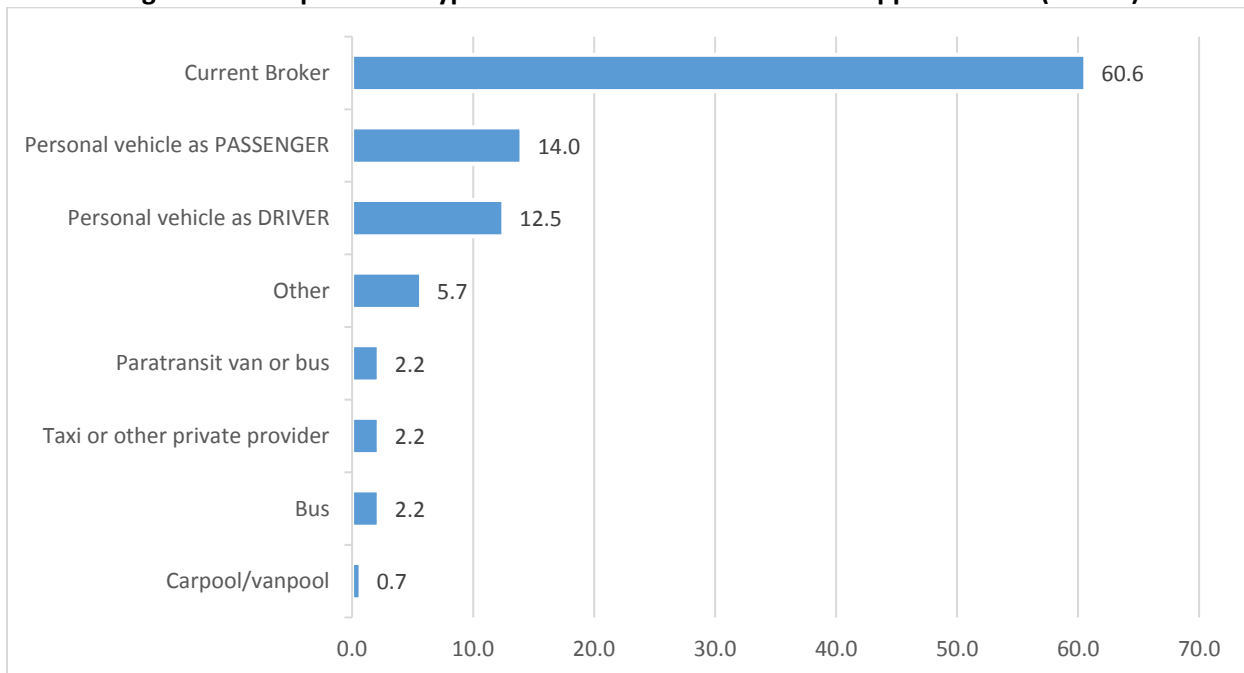
Evaluation of NEMT in Idaho

For instance, 40% of people who had one or more appointments per month ‘always used the Current Broker,’ and only 30.2% of people who had one appointment every two months reported ‘always using the Current Broker.’ For people who have one or more appointments per month, that rate was 40%, for people who have an appointment every two months the rate was 30.2%, and for people who have one appointment in the last six months the rate was about the same (31.7%).

Table 4: Frequency of Using the Current Broker, by Frequency of Appointments				
Frequency of medical visits	Never	Sometimes	Usually	Always
One or more a week	14.0%	24.3%	15.9%	45.8%
One or more a month	15.0%	26.3%	18.8%	40.0%
Once every 2 months	18.6%	32.6%	18.6%	30.2%
Once in past 6 months	9.8%	34.1%	24.4%	31.7%
Data Source: Member Survey				

A similar survey question asked people what type of transportation they used most often to get to their medical appointments. The majority of respondents said that they most often used the Current Broker (60.6%), while almost 30% responded that they usually travel in a personal vehicle as the passenger (14%) or the driver (12.5%) (See Figure 3 **Error! Reference source not found.**). It is possible that some of these individuals still received reimbursement for these trips made in personal vehicles from the Current Broker, although because the survey did not specifically ask about reimbursements, it is not clear.

Figure 3: Transportation Types Used Most Often for Medical Appointments (n= 279)



The survey also asked respondents reasons that they had not used the Current Broker for any of their trips. Respondents could choose multiple options. Most people who did not use the Current Broker

Evaluation of NEMT in Idaho

NEMT services to get to an appointment claimed that they either drove with a family member or friend (34.5%) or a personal attendant (8.3%). Only 12.2% said they did not use the service because scheduling transportation was too difficult, while 6.6% said they tried to use the service but rides were not available. Another 10.4% said that they had a previous negative experience with the service that caused them not to use it. Only 5% said that they did not know that the service was available, which shows that the majority of eligible riders (the survey sample) knew the Current Broker was a transportation option. Over a quarter (28.4%) of the respondents said that this question was not applicable because they always used the Current Broker transportation services. See Table 5

Table 5: Reported Reasons for not Using the Current Broker's Transportation Services	
Reason	Percent
My family or friend drove me	34.5%
N/A, I always use the Current Broker's Transportation	28.4%
Other	17.3%
Scheduling transportation services is too difficult	12.2%
Previous negative experience with service	10.4%
My personal attendant drove me	8.3%
I tried to use this service, but they didn't have rides available when I needed one	6.6%
I didn't know that this service was available	5.0%
Data Source: Member Survey	

Utilization of the Current Broker

The evaluation team also analyzed the utilization rates reported by the Current Broker in their monthly standard reports and the detailed trips data. For comparison, data from the previous NEMT broker is also included; however, comparisons should be made with caution because of the differences in definitions used by each company and because the need for transportation is not the same each year. There are also differences in how data was collected and reported. For instance, the Previous Broker reported data as round trips in the detailed data and one-way trips in the summary reports. The Current Broker reported one-way trips in the detailed reports. To try to compare them, the evaluation team doubled the Previous Broker's trip details; this may result in an over counting of the Previous Broker's trips, although it is impossible to be more specific.

Recommendation 1: IDHW should require future contractors to report detailed trips data similarly to the Current Broker, as one-way trip segments that provide greater specificity.

Data Discrepancies

There were differences between the data provided in the standard reports compared with the raw trip data provided by both the Current Broker and the Previous Broker. On average, the Current Broker reported 2,634 more trips in their standard report than those found in their raw trip data in FY17 and 543 in FY18. The Previous Broker reported 8,453 less trips in their standard reports compared to their raw data. Furthermore, the Previous Broker reported a monthly average of 452 more unique members in their standard reports compared to unique members identified in the raw data. The Current Broker reported 180 more unique members in the standard reports in FY17 and 237 more in FY18. Based on these findings, trips data from the Current Broker is more consistent with their standard reports than the data from the Previous Broker.

Recommendation 2: IDHW should develop a method to compare standard reports with the various detail reports, the trip utilization details in this instance. IDHW should determine what level of discrepancy is acceptable and when to require the contractor to explain differences and provide strategies for improvement.

The sections below report on the number of trips provided by the Previous Broker and the Current Broker between July 2015 and February 2018, number of unique riders per month over that period, and the number of trips per unique rider per month.

Monthly Trips

Figure 4 shows the total trips provided by the Previous and Current Brokers each month between July 2015 and February 2018, and Table 6Error! Reference source not found. shows the average number of monthly trips. In FY16, the Previous Broker provided 106,059 trips during the average month, and in FY17 the Current Broker provided slightly less trips, 103,950 per month. In FY18, the average number of trips per month provided by the Current Broker decreased to 100,901. Although there was a slight decrease over time, this data is not revealing on its own because of differences in need over the years. The data does show that NEMT is a highly utilized service, with over 100,000 rides in the average month.

Figure 4 tracks the total trips per month over time for each provider during the same months of the year. At the transition in July 2016, utilization was lower for the Current Broker but then increased and followed a similar pattern as the Previous Broker. There was no comment by IDHW or the Current

Evaluation of NEMT in Idaho

Broker about why the trips were so much lower at the Current Broker's outset; however, it is possible that this pattern can simply be attributed to a difficult transition period.

Figure 4: Total Monthly Trips

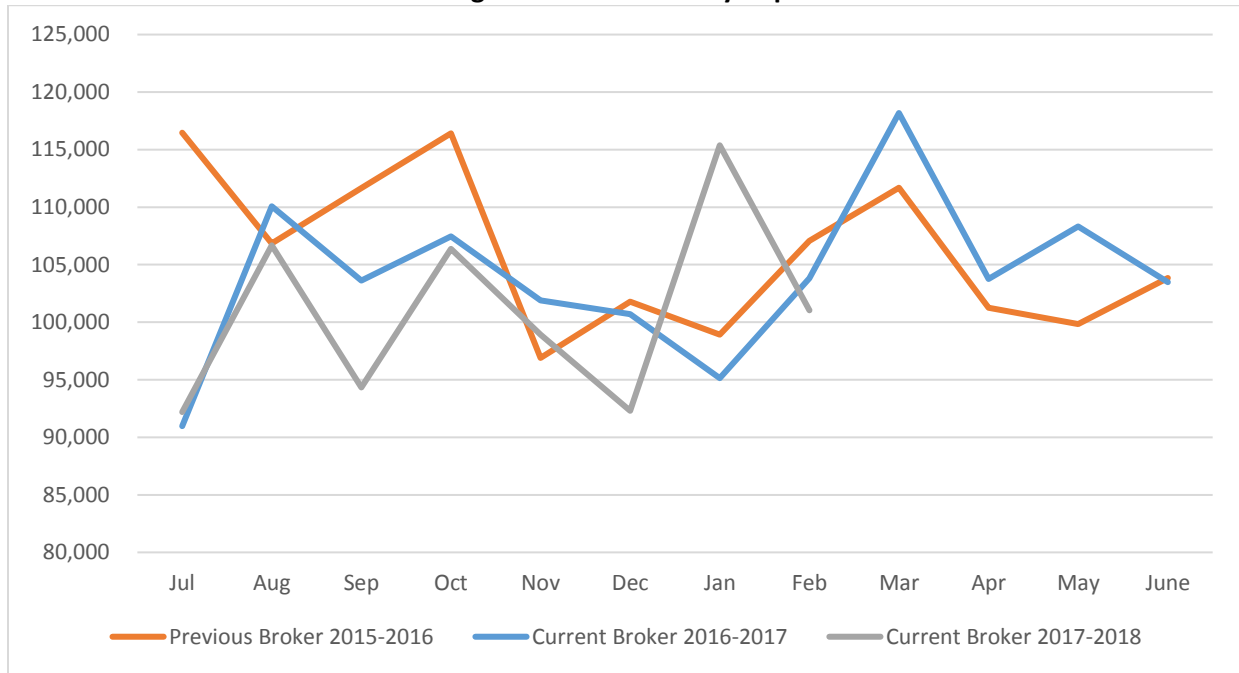


Table 6: NEMT utilization (Monthly average)

	Current Broker: 2017-2108	Current Broker*: 2016-2017	Previous Broker**: 2015-2016
Monthly total trips	100,901	103,950	106,059
Data Sources: Current Broker's Standard Reports and Previous Broker's Transport Summaries			
* taken from the Current Broker's Standard Reports			
** taken from Previous Broker's Transport Summaries			

Types of Vehicle/Service

Table 7 details the type of vehicles or services used by both Brokers over the last three fiscal years. In both years, the Current Broker used slightly higher percentages of sedans and vans than the Previous Broker did in FY16, and higher utilization rates of paratransit/wheelchair vans. While differences in vehicle type may be due to definitions and data collection by each company, the difference in mileage reimbursements across the years is notable. In FY16, 10.72% of the Previous Broker's utilization was for mileage reimbursement, while this fell under the Current Broker to 5.7% in FY17 and less than 1% in FY18. It is unlikely that these differences are due to definitions, and additional exploration is needed to understand why the rates of reimbursement decreased so dramatically. In

Evaluation of NEMT in Idaho

addition, the Current Broker did not report any long-distance services, and it seems unlikely that they did not have any, especially because they have a position designated to coordinate those services; one interviewee discussed difficulty of claiming a reimbursement, but eventually was successful.

Table 7: NEMT Utilization by Vehicle/Service			
Vehicle/Service Type	Current Broker: 2017-2108	Current Broker*: 2016-2017	Previous Broker**: 2015-2016
Total trips	101,500	103,964	106,294
Sedan/Van	87,217 (86.44%)	88,639 (85.27%)	87,226 (82.24%)
Paratransit/WC Van	12,327 (12.22%)	8,698 (8.37%)	6,647 (6.27%)
MRB - Mileage Reimbursement	987 (0.98%)	5,925 (5.70%)	11,374 (10.72%)
Bus	935 (0.93%)	670 (0.64%)	821 (0.77%)
Long Distance	n/a	n/a	210 (0.20%)
Gurney Van	34 (0.03%)	32 (0.03%)	16 (0.01%)
Data Sources: Current Broker's Standard Reports and Previous Broker's Transport Summaries			
* taken from the Current Broker's Standard Reports			
** taken from Previous Broker's Transport Summaries			

Recommendation 3: IDHW should create a dashboard to monitor changes in the level of service and access to care, such as those for long-distance services and mileage reimbursement that will alert staff when services change dramatically. The dashboard can automate a lot of the monitoring that is needed and which takes up limited staff time.

Unique Riders per Month

There is a noticeable gap in the unique riders per month between June and July 2016, when services were transitioned to the Current Broker (Figure 5). In June 2016, the Previous Broker served 8,579 unique riders and the Current Broker only served 7,519 in July. The difference between these months was 1,060 unique riders, 12.4% of the riders in June. It is possible that these riders did not need services in that month, although that difference is the largest month-to-month difference during the period. It is likely that the transition period made it difficult for riders to establish themselves with the new service. The Current Broker noted that they did outreach to all of the eligible Medicaid population in Idaho prior to the transition, although they did not do any specific outreach to known NEMT users.

Recommendation 4: New brokers should be required to undertake additional recruitment efforts that intentionally target people who are established NEMT users to ensure that existing riders have as much information as possible and are comfortable scheduling rides through the new broker.

Figure 5: Unique Riders per month

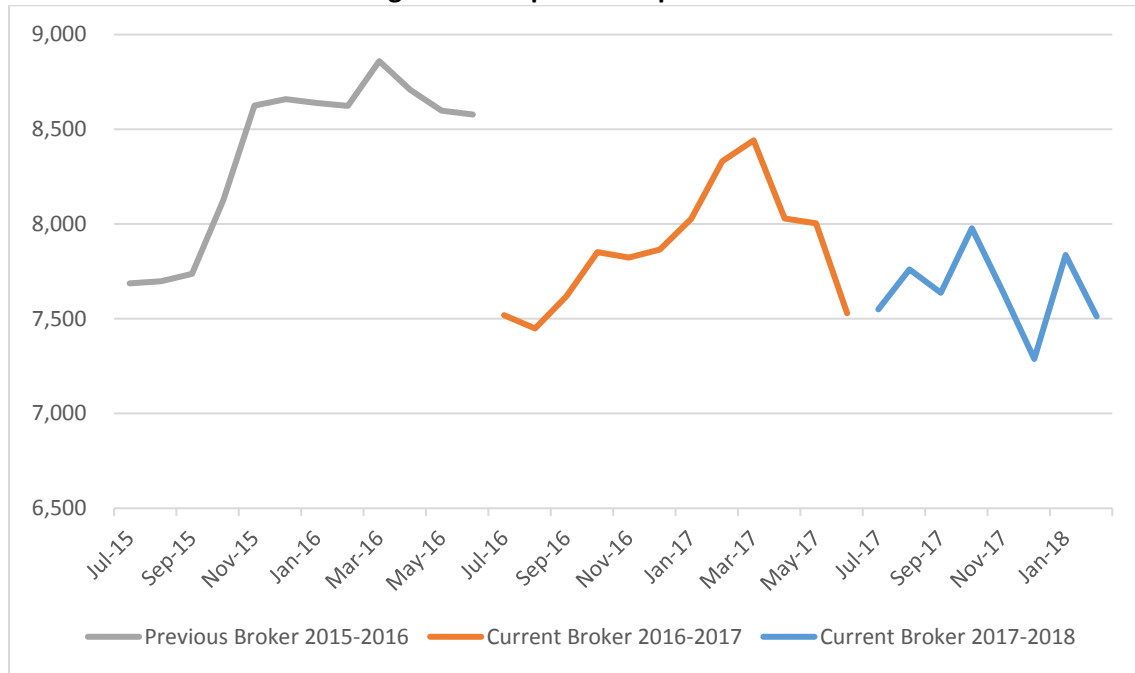


Table 8 shows the total number of unique riders over the entire year and the average number of unique riders per month. The Previous Broker in FY16 (16,470) and the Current Broker in FY17 (16,514) have a similar number of total unique riders, although the Previous Broker averages over 500 more unique riders per month (8379 versus 7874). The Current Broker had even fewer average unique members per month in FY18, through February (7650). The evaluation team also calculated the average monthly utilization rate for each fiscal year: 2.93% of the eligible Medicaid population utilized the Previous Broker in FY16, compared to 2.69% for the Current Broker in FY17. Although the difference of 0.24% seem small, it corresponds to 505 people.

Table 8: NEMT utilization (raw trip data) comparing the Current Broker and Previous Broker			
	Current Broker: 2017-2108	Current Broker: 2016-2017	Previous Broker: 2015-2016
Total unique yearly riders	13,566	16,514	16,470
Average unique monthly riders	7,650	7,874	8,379
Average eligible population per month	291,507	292,962	286,209
Annual utilization rate	2.62%	2.69%	2.93%
Total trips	802,875	1,215,789	1,374,136

Evaluation of NEMT in Idaho

Total trips per unique member (yearly)	59.18	73.62	83.43
Average trips per month	100,901	103,950	106,059
Average trips per month per average unique monthly rider	13.19	13.20	12.66
Data Source: Trip Detail			

Table 8 also shows the number of trips per rider both annually and monthly. For the entire year, the number of trips per rider for the Previous Broker in FY16 was 83.43, compared to 73.62 trips for the Current Broker in FY17. However, the average by month is lower for the Previous Broker in FY16 than it is for the Current Broker in FY17 (12.66 compared to 13.20). This difference suggests that although the Previous Broker had a higher number of users across the entire year, the riders that continued to use the Current Broker's services did so at a higher rate than previous service users.

Recommendation 5: There should be a system to monitor utilization per monthly rider and the number of trips per rider. When there is a substantial deviation from previous months, IDHW should check with the Broker for an explanation.

Provider Network

The contract requires the Current Broker to maintain a network of "sufficient size" to provide the necessary NEMT services. The evaluation team asked IDHW and the Current Broker what "sufficient size" meant multiple times without receiving a concrete answer. The Current Broker suggested to the evaluation team to monitor the standard reports and inspection detail reports to get a better understanding of the network size. In particular, the evaluation team wanted to calculate a ratio of the number of rides per provider/vehicle across the months to provide information related to the frequency of use of each vehicle in the network.

For example, the quarterly inspections reports consistently show four providers for region 6, and a total of between 24 and 29 vehicles, depending on the date of the last inspection. However, after examining just the first standard report (for July 2016), 11 different services in region 6 (in addition to a mileage reimbursement service, which should not count in terms of the provider network) were identified. Of those 11, three providers were taxicab services, which may not need to be inspected, and should not count in the provider network. That leaves up to eight 3POs in that region, but only four were detailed on the inspection report. That leaves two possibilities, each with its own concern: (A) there actually were more companies providing services in that region than listed on the inspection report. This begs the question of whether those companies were inspected and credentialed as

required; or (B) the inspection report is correct, there were only four contracted 3POs in that region and the rest of the services were provided by up to seven different taxi cab companies. The concern here is the overutilization of taxi companies to provide the services, especially if taxi cabs are not inspected and do not receive training from the Current Broker. This overuse is related to difficulties in scheduling of network providers and taxis represents a last minute option when the planned transport fails.

Recommendation 6: Additional complete data on the size of the network should be included in the standard reports by region. This information should include the number of vehicles and drivers available in each region per month. IDHW should establish thresholds to monitor whether the size of the network is sufficient (e.g., threshold rates for the ratio between vehicles and trips or the ratio between drivers and trips). This data should be available for both 3POs and IDP (in the counties where it is applicable), separately. IDP should only be counted as available/active if that individual driver provided at least one ride in that month.

Recommendation 7: The data in Table 7 (which lists the types of vehicles that provide rides) should also include how many rides were provided by taxi services. It is important to track this to ensure that the network of inspected and credentialed providers is adequate.

Communication

After arranging an appointment for medical services or day therapy, communication with a broker call center is an important first step for NEMT users in arranging transportation to get to that appointment. During this evaluation process, interviews with stakeholders and surveys of riders included questions about communication with the Current Broker. The information collected was about communication with the Current Broker in general, but there was also specific commentary shared about the call center (and dispatch for drivers).

Arranging a Ride

Per the Current Broker Call Center Training Protocol, the call center is open Monday through Friday from 8am to 6pm and is closed on select major holidays. To arrange a ride, enrollees, family members, and/or healthcare providers can schedule online or through the call center. The representative who answers the calls will obtain the enrollee's first and last name, date of birth,

Evaluation of NEMT in Idaho

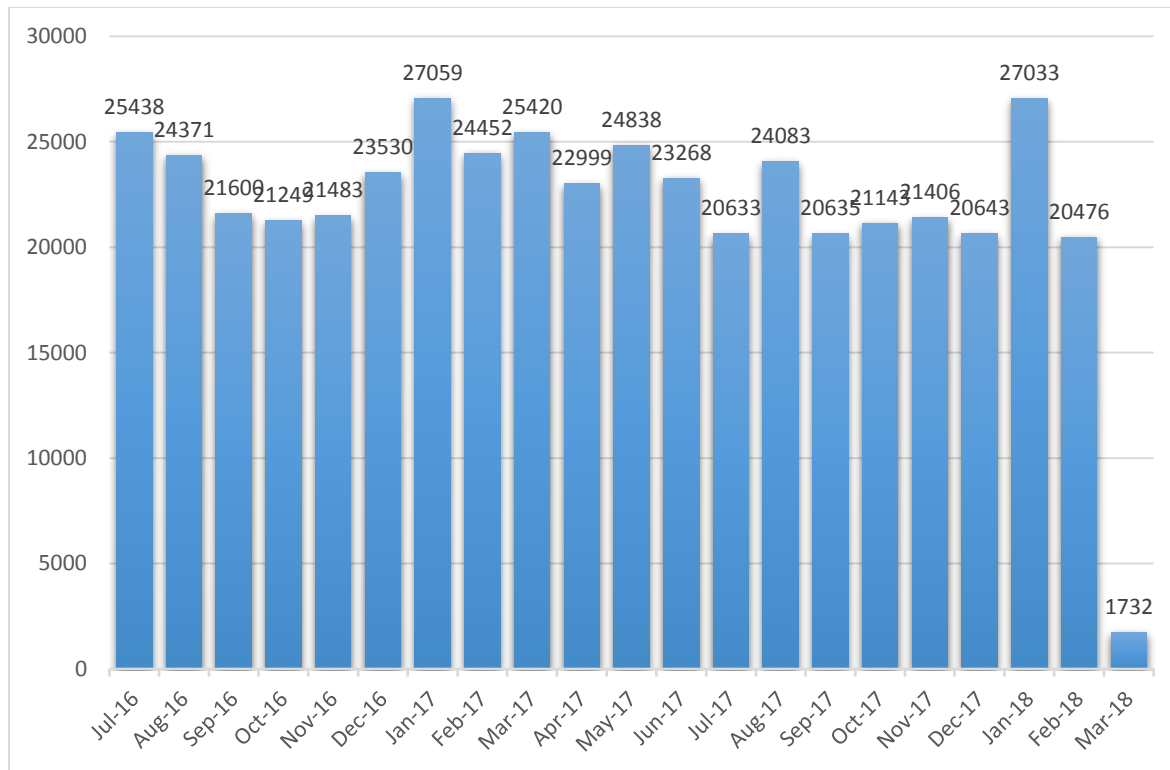
Medicaid ID, and address and verify eligibility. The representative will also determine which mode of transportation is required (e.g., public transportation, mileage reimbursement, or provider rides). Rides must be scheduled 48 hours in advance, unless it is an urgent ride. In the event of an urgent ride, a doctor must approve the trip as urgent. Only rides designated as “after hours” rides may be scheduled after hours, per the Idaho Call Center Training Protocol. Trips may also be modified through the call center but must follow the same 48-hour rule if the appointment time, address, or mode of transportation needs to be modified. Participants may also contact the call center for the status of a scheduled ride or any issues they are experiencing. In the event of a complaint, a call may be escalated to an escalation agent or supervisor, though a Current Broker employee stated that this was a fairly rare occurrence, at least for her.

Call Center

The Current Broker conducted call monitoring on a monthly basis and surveyed stakeholders about the perceived quality of calls after the call was completed. Nearly all stakeholders interviewed by the evaluation team agreed that the Current Broker dispatch center was not capable of supporting the volume of calls and requests from drivers and Medicaid enrollees alike. Figure 6 shows the number of calls received by the call center while the Current Broker was contracted to provide NEMT services. With the exception of March 2018 (a partial month of service), the Current Broker received between 20,633 (July 2017) and 27,059 (January 2017) phone calls per month.

Figure 6: Total Calls Received

Evaluation of NEMT in Idaho



Concerns about the call center revolved around two primary issues: (1) the geographic location of call center representatives fielding phone calls and (2) timeliness of responses to the phone calls. The Current Broker call center received over 20,000 phone calls for transportation in Idaho each month in FY17.

Location of the Current Broker

The contract to provide NEMT services requires the Current Broker to have a business office located in Idaho, though other components of the Current Broker, including the call center, do not need to be located in Idaho. Stakeholders who participated in an interview agreed that it was important for the Current Broker to have a presence in Idaho, especially the call center and dispatch. Interview respondents thought that it was important for dispatchers to understand the geography, rural nature, and weather of the state in order to provide efficient and effective NEMT. For instance, one 3PO owner said, “I think it needs to be in-state. One of [the Current Broker’s] problems is they’re out of state – dispatch and rides come out of San Diego, CA [note: some of the call center is handled in Arizona, and the Current Broker is headquartered in San Diego, but dispatch does not come from there] and those people do not understand our area and they get messed up in the way they distribute rides in the area.” They also felt that dispatchers had issues understanding the distance between two places in the state. Another 3PO owner explained:

We live in a very rural area, and I mean 2.5 hours to a bigger town. So they do not seem to understand where we're even located. So they would send us trips in Blackfoot which was 5 hours away.

The Current Broker staff emphasized that they did have a call center in Boise. They clarified that, “since prior to launch, we have had a regional office in Boise ... We have call center agents here in Idaho and then we have call center agents in Arizona. The first round of calls come to Idaho agents, and then Arizona does backup and after hours calls.” The Current Broker staff noted that there may have been some resentment in Idaho because the Current Broker is headquartered in San Diego. Still, they describe the Boise regional office as a “strong one” that is home to the Market Director, Transportation Provider Support team and Independent Driver Support Team, Clinical Coordinator, and Idaho-based call center agents, leads, and supervisor.

The sections below present data on the operation of the call centers. It is not clear whether all of these data refer to all of the calls that went through the call center (in Idaho and Arizona), whether these are only calls taken in Idaho, or the proportion of calls received in Idaho that were passed on to representatives in Arizona. Whether real or perceived, some stakeholders were concerned with where their calls were answered. To some extent, this makes sense because if a call center representative is in Idaho, they are likely to have important contextual knowledge about transportation in the state. However, on the other hand it may not matter where a call center is physically located, provided that the representatives are knowledgeable about the services they are providing.

Recommendation 8: In order to be responsive to stakeholder input, brokers should be required to have call centers of sufficient size in Idaho. In addition, when the Broker sends overflow and after hours calls to an office out-of-state, that broker should be required to provide information on the number of calls handled in Idaho and handled out-of-state on a monthly basis. The data report should also clearly differentiate overflow calls and after hours calls. If there is a large number of overflow calls, the Broker should be compelled to increase capacity within Idaho to handle those calls in state.

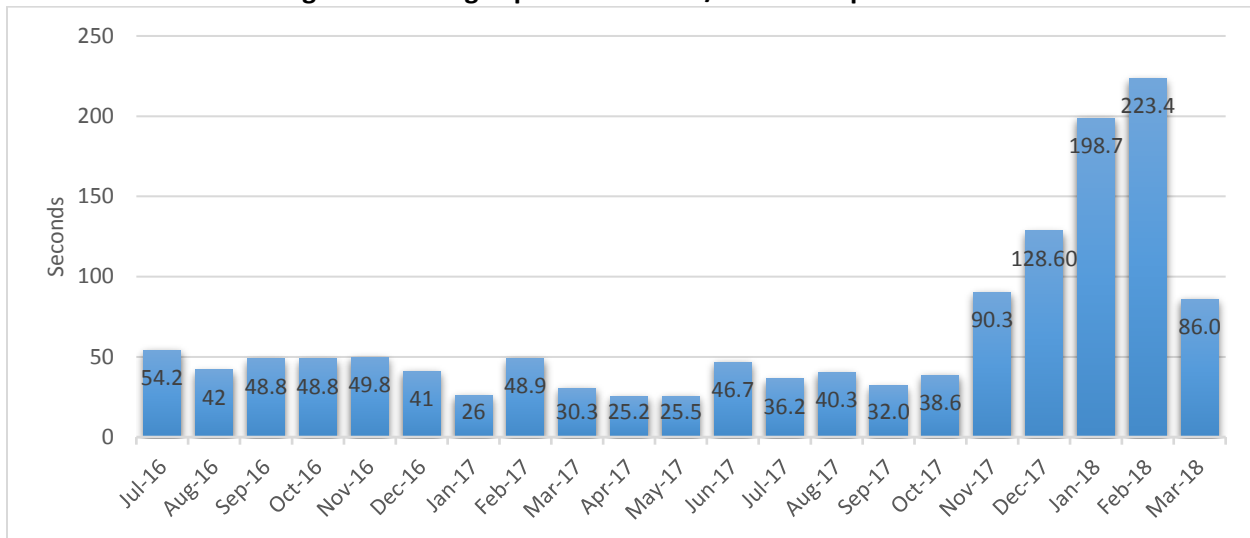
Call Center Response Times

Figure 7 shows the average number of seconds that it took to answer an incoming call at the call center. This speed to answer refers to the length of time following the automatic voice recording that initially answers every call for a human representative to answer the call. A contractual performance measure states that nobody should be on hold for more than five minutes (contract section 8.5.1.1.7). On average between July 2016 and October 2017, people were on hold between 25 and 55 seconds

Evaluation of NEMT in Idaho

(Figure 7). There was a marked increase in November 2017, after the announcement that the Current Broker was to end its contract, with the average wait time to talk to an individual increasing to be between a minute and a half and over three minutes. It is important to remember that they are averages and individual calls were likely answered more quickly or after a much longer wait.

Figure 7: Average Speed of Answer/Wait Time per Month



Recommendation 9: Brokers should be required to report monthly on not only the average speed of answer, but also the portion of calls that took longer than five minutes to answer. When wait times are determined to be beyond what is acceptable, the Broker should be required to increase capacity to handle call volumes.

Driver Experiences with the Call Center

Drivers and transportation companies described waiting on hold in excess of 30 minutes, as well as not having their calls or emails returned. One 3PO provider claimed she sent an e-mail in February 2017, and did not receive a response for 8 months. This broken communication was particularly problematic in the case of crises, where drivers needed information immediately. Two IDP drivers described their experiences:

Another thing is, when we're on the trip and something goes wrong, and I call in and we have to wait 20 minutes on the line. And the customers complain about the same thing. The customers have to call in and they have to wait. The customers ask me to call in. They need more dispatchers to take care of the workload.

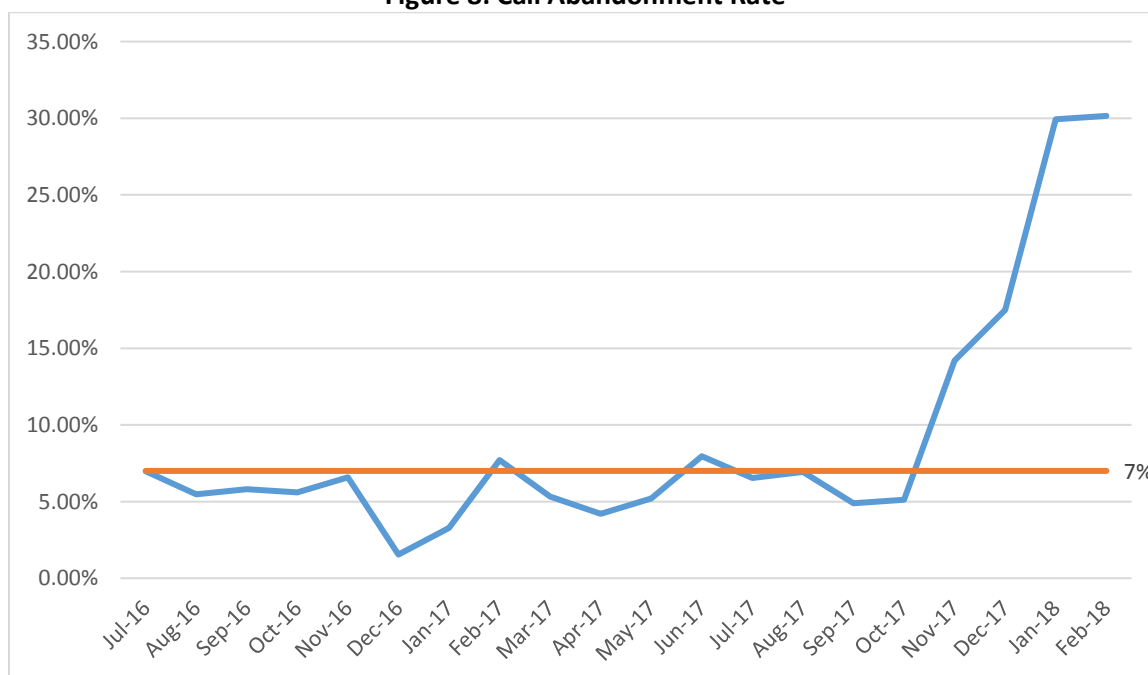
Sometimes you cannot get ahold of dispatch. I have been on hold for dispatch for 45 minutes, for a ride from Caldwell back to Boise, and they didn't answer. And when you're calling dispatch it's some sort of information you need to give them or an emergency you're having.

One 3PO provider expressed his frustration with the call center in terms of how they were treated: “There were a few people that I could call in and I could get everything done in a timely manner and they would be kind. There were people who I knew their names and they would answer and I would hang up – they were rude or took so long to schedule appointments.” Implied in this quote is that some people were incompetent in their positions and were not efficient.

Call Abandonment

A closely related measure to long wait times, or unanswered calls, is the call abandonment rate, where a caller hangs up before they are able to speak with a representative. As specified in the contract, the average monthly abandonment rate should be no more than 7% (contract section 8.5.1.1.8). Prior to November 2017, when the Current Broker announced that it had ended the contract to provide NEMT services in Idaho, only two months (June 2017 and February 2017) had call abandonment rates above 7%, although they were still below 8% (see Figure 8). Following the announcement of the end of the contract, call abandonment rates jumped significantly, reaching about 30% in January and February 2018.

Figure 8: Call Abandonment Rate



Call Center Quality

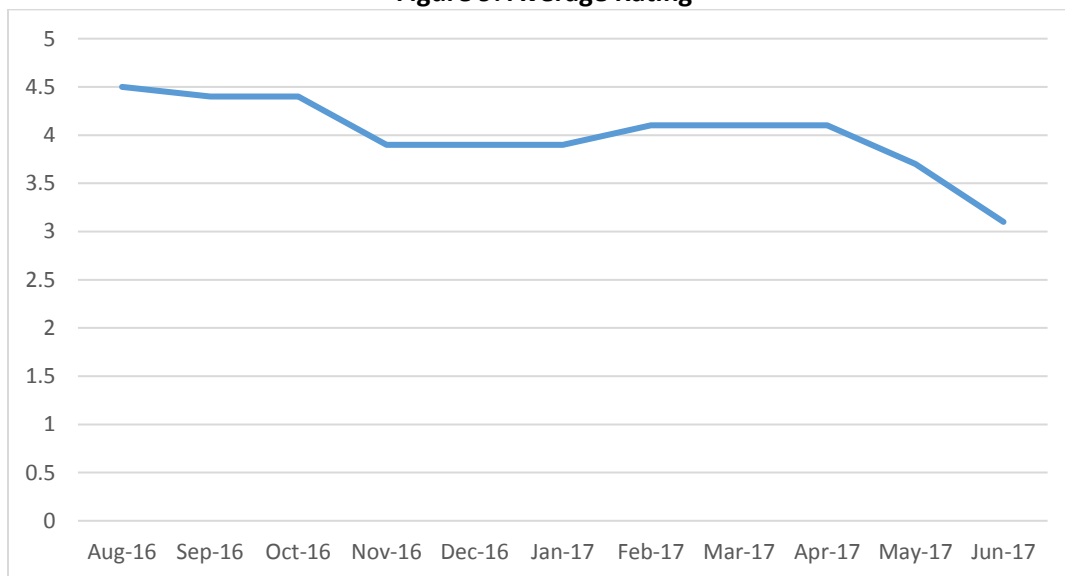
Call monitoring

The Current Broker monitored random calls to determine the quality of the call, both in terms of accurate information provided and the conduct of the representative during the call. Figure 9 shows the average quality rating for each call from 0 to 5, with higher quality calls receiving higher ratings. This data was only available for the months between August 2016 and June 2017. Call quality was the highest during their first month and the lowest during the last month that data was available for, June 2017. There was a clear downward trend in the ratings for calls over time.

The Scoring Calibration Guidelines are:

1. Agent missed core processes on call and/or behavior inappropriate warranting immediate coaching or follow-up by the end of the day.
2. Agent may have handled call in better way consistent with training and core principles.
3. Agent processed call with an average score, nothing negative, nothing amazing.
4. Agent went above and beyond and provided great customer service.
5. Outstanding call, agent was exceptional and needs to be recognized for amazing customer service

Figure 9: Average Rating



The call monitoring data is a good example of the value of tracking ratings, rates, and other data over time. Clear trends like this emerged that can be addressed. In August 2016, IDHW initiated initial Corrective Action Requests (Customer Service & Call Center Staff Training and Participants with Special Healthcare Needs). The Current Broker was required to provide additional training to call center

representatives. However, there was still a downward trend in ratings, based on the Current Broker's self-reported self-assessments, of the calls even following these CARs.

Recommendation 10: Once or twice a year, an independent contractor, separate from the Broker and IDHW should conduct call monitoring in order to verify self-assessments of the Broker. Where large discrepancies exist, the independent contractor should continue to perform independent monitoring alongside the Broker until the ratings are more consistent with one another.

Stakeholder Views on Call Center Quality

The survey included questions about enrollees' experiences with the Current Broker's call center. Responses to these questions are included in Table 9. One of the questions asked respondents how often the representative was polite and courteous when they called the call center to request transportation services. Nearly 80% of respondents said that the representative was usually (33.7%) or always (45.9%) polite and courteous. Less people said that the representative was usually (31.8%) or always (36.4%) knowledgeable, helpful, and met their needs. Even less people said that they were usually (21.6%) or always (30.6%) satisfied with the resolution they received from the call center.

Some people asked to speak with a supervisor or escalation agent after talking to a representative. Less than half of people said that they were usually (12.5%) or always (31.5%) able to speak with the supervisor or escalation agent when they asked to do so, compared to 24.5% who said that they sometimes could and 31.5% who said that they never could speak with a supervisor or escalation agent. When people were able to speak with one, they were generally happy with how polite and courteous the supervisor/escalation agent was: 24.6% said that they were usually polite and courteous and 43.9% said that they were always polite and courteous.

Table 9: Enrollee Experience with Call Center

Survey Question (n)	Never	Sometimes	Usually	Always
<i>When you phoned the Current Broker's Call Center to request transportation services, how often was the representative polite and courteous? (n= 246)</i>	6.1%	14.2%	33.7%	45.9%
<i>When you phoned the Current Broker's Call Center to ask questions about transportation, how often was the representative knowledgeable, helpful, and met your needs? (n= 242)</i>	7.4%	24.4%	31.8%	36.4%
<i>If you encountered a problem with the Current Broker's Call Center representative, how often were you satisfied with the resolution? (n= 222)</i>	19.4%	28.4%	21.6%	30.6%

Evaluation of NEMT in Idaho

<i>If you phoned and requested to speak with a supervisor or escalation agent, how often did you get to speak with them? (n =184)</i>	31.5%	24.5%	12.5%	31.5%
<i>If you spoke with a supervisor or escalation agent, how often were they polite and courteous? (n= 171)</i>	21.1%	10.5%	24.6%	43.9%
Data Sources: Member Survey				

Recommendation 11: A consumer survey, such as the one conducted in this evaluation, should be conducted every year in order to assess questions of quality, especially with the call center. Although the Broker conducts a telephone survey with a few basic questions, that survey is not representative of the entire population, including people who never were able to get through to the call center, and people who never used the service for various reasons.

Corrective Action Plans

IDHW enacted several formal corrective action plans with the Current Broker in relation to specific issues and requiring a formal response and plan of action to ensure that problems do not continue. Appendix B. Extra Tables' summarizes these corrective action plans. Two of them specifically related to the call center. Corrective Action Plan 002 initiated on August 3, 2016 relates to Customer Service & Call Center Staff Training and specifically cited four issues that IDHW staff had repeatedly heard:

- Callers being hung up on after scheduling one or two trips when they have additional trips to schedule
- Inconsistent responses to questions when callers call in multiple times for the same participant
- Callers not being transferred to a supervisor when asked
- Customer service representatives not being able to find trips after they have been scheduled and confirmed

In response to this corrective action plan, the Current Broker completed several corrective actions:

- Call Center Training Protocol Review & Update
- Call Center Agent Retraining
- Call Center QA Process Improvement
- Escalation Process Improvement
- Implement Technical Fix for Trip Modification
- Evaluate Feasibility and Implement Hold Music
- Evaluate and Select New Phone System Vendor

Evaluation of NEMT in Idaho

This Corrective Action Plan was never closed and, at the time the Current Broker announced its intention to end the contract to provide NEMT in Idaho, there were still outstanding items to be addressed.

In another Corrective Action Plan, 004 “Timeliness of Responses to the Department and Providers” was initiated on August 4, 2017. It stated, “The Department has sent emails to the Current Broker requesting information regarding complaints from customers including participant appeals and experienced issues with receiving timely responses from the Current Broker. The Department has also had complaints from Providers and Participants or Participant guardians stating that they call the Current Broker, speak with a supervisor or escalations team member to submit a complaint and are told they will research the complaint and call them back to follow up. The follow up call is not received by the person initializing the complaint.” The corrective action plan required:

- Call Center management team to review call performance, ensuring calls are answered and returned per contract requirements
- A Quality Assurance team of two FTE staff to address IDHW complaints and grievances, in addition to cross-training two other Quality Assurance agents to help when there are an increased number of complaints
- Escalation agents will complete sensitivity training and if monitored calls fall below standards, the Call Center management team will require a one-on-one coaching session with their supervisor to determine if a pattern exists. If a pattern exists, the agent will be removed from the Escalations team or required to retake sensitivity training.

The response to this plan clarified that the Current Broker would retrain many of its call center staff and continue to conduct call monitoring. The evaluation team only had data on call monitoring through June 2017, so the long-term impact of the corrective action plan on call quality is unknown.

Recommendation 12: While requiring re-training and other activities by the Broker is a good first step when a corrective action plan is issued, it is also an opportunity to bring on outside experts to provide training and experience working with people with disabilities. These could include local advocacy groups or the local University Center of Excellence in Developmental Disabilities.

Language Barriers

Finally, with regard to communication, many stakeholders noted that language was a significant barrier within NEMT provision in Idaho. Idaho has a large refugee population, many of whom do not speak English. Per the Current Broker Contract (8.5.1.1.13), “Sufficient qualified staff is available on-site

Evaluation of NEMT in Idaho

to communicate with callers who speak English and Spanish and interpretive telephone service is available for callers who speak other languages.”

One screening coordinator within a refugee service provider organization suggested providing non-English speaking callers with access to a language line each time they called. While this service likely was available, it is difficult for people to access language services if they cannot ask for them. In addition, it was often difficult for non-English speaking enrollees to communicate with drivers, and sometimes this resulted in drivers treating enrollees poorly. One advocate noted a lack of linguistic competency and its consequences: “There was a specific theme for serving people not speaking English – they didn’t provide any sort of a linguistic competency to serve those various communities. There wasn’t a lot of effort put forward to go to the door, knock on the door, wait, because of the language barrier, there wasn’t a way for people to communicate between the driver and the participant. We had a lot of refugees who were supposed to go to mental health places who were missing them. There were a lot of cultural issues that caused a lot of people to miss services, and a lack of meeting the cultures’ needs.”

Additionally, surveys provided to riders were often in English, but one service coordinator pointed out that many people cannot read or write even in their own language.

Recommendation 13: NEMT brokers need to give particular attention to cultural competency within their services. This may require outreach coordinators to work with refugee service provider organizations to make sure that eligible refugees know about NEMT services and can work with the provider organizations or outreach coordinators to help arrange transportation. If a rider does not speak English (or Spanish if the driver speaks Spanish) a note should be placed on that person’s file so that the driver does not leave without picking up the non-English/non-Spanish-speaking rider. An alternative contact, such as a family member or the office if the ride is from an appointment, should be clearly provided to help coordinate the transportation between the alternate contact, the riders, and the driver. When possible, these riders should have same driver in order to build rapport and comfort on the part of the rider.

Complaints, Grievances, and Appeals

Evaluation of NEMT in Idaho

A particular type of communication with the Current Broker are complaints, grievances, and appeals. From the time that the Current Broker's contract started in Idaho, stakeholders have been concerned with how complaints and grievances are handled. One group of stakeholders created its own system for tracking complaints, and, at the request of Idaho legislators, IDHW created a subcommittee to look at concerns with NEMT. This section explores the process and outcomes of complaints and grievances under the Current Broker.

Complaints Definition

Section 8.9.1 of the contract specifies that the Current Broker "must implement and maintain an IDHW accepted complaint and resolution tracking system for all complaints received." Complaints can be made in writing or verbally and are defined in section 8.9.1.1 as "an expression of dissatisfaction lodged by a participant, a participant's authorized representative or a provider concerning the administration of the benefit and services rendered." Per the contract, verbal complaints should be responded to and resolved within one business day of receipt of the complaint (8.9.1.2.1), while written complaints must be responded to within five business days (8.9.1.2.2).

The Current Broker Complaints Data

The Current Broker submitted data on complaints in two ways: monthly summaries as part of the standard reports package and separate reports with details on each complaint. In February 2018, IDHW requested and received a single complaint report with details on complaints between July 2016 and January 2018. This report replaces previous detail reports; IDHW requested this report because of concerns that previous detail reports had been incomplete (rerunning the reports in February 2018 only returned one additional complaint compared to the original detail reports for FY17).

However, there are discrepancies between the complaints in the standard reports package and the detail reports. These two sources of data are compared in Table 10. With the exception of August 2017, the number of complaints reported is never the same for two months. Typically, the number of complaints in the detail reports is larger than the standard reports. This might make sense if the reports were produced at different times (e.g., that detail reports may be more complete because they were run several months after each given month, although because the "new" detail report from February 2018 was not different from the previous monthly detail reports that does not seem to be the case).

There was continuous improvement over time with regard to the discrepancy between the number of complaints in the reports; this is illustrated in Table 10. The discrepancy in FY17 was larger than in FY18. The average difference between the reports in the first six months of FY17 was 29

Evaluation of NEMT in Idaho

complaints per month, and in the last six months of FY17 it fell to 15 complaints per month. For the seven months of FY18 for which data was available, the average difference was 7.57 complaints per month.

Table 10: Differences in Detail and Standard Report

	FY17			FY18		
Month	Detail	Standard	Diff	Detail	Standard	Diff
July	122	200	-78	107	101	6
August	188	135	53	119	119	0
September	114	103	11	100	99	1
October	92	84	8	162	149	13
November	138	148	-10	82	64	18
December	172	158	14	64	52	12
January	250	265	-15	38	41	-3
February	135	122	13		23	N/A
March	116	113	3		1	N/A
April	173	151	22			
May	111	112	-1			
June	115	79	36			
Total	1,726	1670	56	672	649	47

Data Source: Detail and Standard Reports

Recommendation 14: As with the other recommendations in this report, a system needs to be devised to compare standard reports and the detail reports more frequently to assess these discrepancies and try to find the “true” number of complaints.

Alternative Complaints Data

Families and Service Providers

A group of stakeholders were concerned that complaints were not adequately being tracked and that some stakeholder groups (e.g., NEMT service providers) did not have access to a formal complaint system. These stakeholders set up a formal online complaint system through the Parent Training Centers website. The evaluation team was given a copy of these complaints during FY17. When a complaint was received through the system, a copy of the complaint was emailed to various advocacy groups, IDHW staff, and legislators in the Idaho government (including state representatives and the governor’s office).

About 90% of the 473 complaints came from healthcare service providers and the majority concerned the timeliness of transportation services received under the Current Broker and/or

communication with the Current Broker. The complaints about timeliness noted a consistent pattern of people being dropped off significantly early or picked up significantly late. Timeliness is extremely important for the NEMT population in general to ensure that they are able to attend their scheduled appointments, but it is especially important for people with developmental disabilities attending various services. When a scheduled ride is too early, that person may be required to wait in the vehicle providing the transportation until the provider opens, which can be detrimental to people with certain conditions. Late pickups are also an issue as it requires staff at the healthcare or day therapy provider to monitor an individual until they can be picked up, and often this is difficult because the provider has other responsibilities. Several providers noted they eventually provided individuals a ride home because the transportation that was scheduled never showed up or showed up extremely late.

Recommendation 15: IDHW should establish or continue an independent system to monitor complaints, completely separate from the Broker. This system should clearly note that in order for the Broker to respond to a complaint, it must be officially entered with the Broker as well. This system would be independently monitored and allows significant issues to be brought to IDHW's attention. The system would also provide guidance to advocacy groups looking to improve NEMT transportation services in Idaho.

Communication with the Current Broker and transportation providers was another frequent concern. Healthcare service providers noted contacting the Current Broker and receiving little information about the ride that was scheduled, including whether or not the ride was actually coming. Many of the healthcare providers reported that the Current Broker blamed transportation providers for many of the timeliness issues, but that there was little communication between the Current Broker and individual transportation providers. The staff at service providers often had to serve as a “go-between” between the Current Broker and transportation providers to ensure that transportation was provided.

Family members who used this system to make complaints typically complained about two topics: missing needed appointments and the impact that poor transportation services were having on their lives. Transportation's role in missing appointments is detailed in another section of this report. Impact on family lives ranged from parents having to routinely leave work early to provide transportation that did not arrive to actual medical concerns. For example, there were several reports of people with autism or other developmental disabilities being dropped off several miles from where they were supposed to be dropped off, and families having to call the police to look for that person. Related examples include people being left in the rain or cold when they have immunodeficiencies and that

weather could be extremely dangerous to the person and could lead to additional medical services/utilization, and therefore costs to the Medicaid system. Family members were especially concerned in cases where their family members had communication disabilities, so if they were dropped off early or in the wrong location, the family member with communication disabilities may not know what to do.

Family members expressed difficulty in communicating with the Current Broker. They reported that no matter how often that asked a question, they could never get a straight answer or explanation, and that processes were not well explained. One example from several family members related to confusion over how to submit reimbursement requests for medical transportation that they provided themselves. They reported asking the Current Broker representatives several times and not getting a clear answer on the process and the requirements for needed medical documentation. It is not possible to compare the reasons for complaints tracked in the system with the official detail reports because the detail reports do not include descriptions to allow this comparison.

Recommendation 16: The complaints detail reports should include details of the complaint and how it was investigated. There should also be a field to track how the resolution and the reason for the resolution was reported to the person making the complaint.

During the evaluation team's interviews with stakeholders, stakeholders expressed the belief that this open survey system was the reason they were able to create a subcommittee on transportation within IDHW and push for change. Stakeholders liked this transparent complaint system, which alerted others outside of the Current Broker of ongoing issues.

An advocate said,

We never knew about it – if we didn't have that form on our website, I firmly believe that we would still have [The Current Broker] doing the NEMT. I don't think that the problems would've risen to the level of transparency that we were able to discover.

Transportation Providers and Drivers

Another missing source of complaints data is from transportation providers and drivers. The Current Broker informed the evaluation team that it did not maintain a system to track complaints from drivers. During the interviews that the evaluation team conducted, several transportation providers and drivers noted that they had outstanding complaints that they were waiting for the Current Broker to address. However, without systematic data, it is difficult for the evaluation team to be able to assess these complaints. Still, the interview responses were consistent in noting that the Current Broker did a

poor job following up on their concerns or complaints. Some of these concerns were minor, but one story that was related to the evaluation team included an assault on an IDP driver by a passenger. That driver said that they “had one sketchy thing happen [and they] reported that and [the Current Broker has not] done anything about it. [...] They never followed up [after six months]. [...] They are not good at following up.”

It is concerning that there is not a systematic source of complaints data maintained by the Current Broker outside of those received from riders. The contract is clear that complaints data from a variety of stakeholders, including families, service providers, transportation providers, and drivers should be maintained. Because these other stakeholders directly influence the context of providing access to care and the quality of that care for people with disabilities enrolled in NEMT, it is essential that other places be solicited to inform the Current Broker operations.

Recommendation 17: The complaints detail and standard reports should also include complaints from drivers. These should be easily identifiable to compare complaints (and grievances and appeals) between riders and drivers.

Complaints Details

In this section, the evaluation team reviews the complaints detail reports from the Current Broker (Table 11). In order to provide some context, data from the Previous Broker is also shown; although, because of differences across the years, direct comparisons may not be fully accurate. Nonetheless, this comparison allows for some broad comparisons. Because the Current Broker data is only from individual riders, the evaluation team similarly limited the Previous Broker’s data to only those received from riders to maximize comparability. The FY18 data is limited to July 2017 through January 2018 (seven months). It should also be noted that because the data for the detail reports from the Current Broker was produced in early February 2018, therefore it is possible that not all complaints for that year are recorded in the data yet.

The Previous Broker reported 1,420 complaints in FY16 (118.3 per month) compared to 1,726 (143.8 per month) for the Current Broker in FY17 and 672 (96 per month) in FY18. The number of complaints per 1,000 rides (1.033 in FY16, 1.420 in FY17, and 0.837 in FY18), complaints per unique rider in a given year (0.086 in FY16, 0.105 in FY17, and 0.050 in FY18), and complaints per average monthly user (0.179 in FY16, 0.224 in FY17, and 0.095 in FY18) follow a similar trend: there were more complaints for the Current Broker in FY17 than for the Previous Broker in FY16, although there were far

Evaluation of NEMT in Idaho

less complaints for the Current Broker in FY18 than in FY17 and the Previous Broker in FY16. In the evaluation team's opinion, the comparison between FY17 and FY16 is more reliable than the FY18 data. As noted above, it is likely that the FY18 data is incomplete because of the proximity to the months that that data refers to (also refer to Table 10 at the beginning of this section, which shows that the number of complaints for the last several months of FY18 was dramatically lower than earlier in the year). Furthermore, the FY18 data does not include several of the months of the year that have historically been high in complaints. Finally, the FY18 data on complaints decreased after the Current Broker announced its intention to withdraw from its contract as the NEMT broker in Idaho, which may be related (Did the definition of a complaint change? Was the Current Broker less vigilant regarding complaints knowing that its relationship with Idaho was about to end?).

The Previous Broker only took complaints verbally in FY16. The Current Broker also took complaints by email/online, and in FY17, 33.1% of the complaints they received were via one of those methods (in writing), 60% were over the phone (verbal), and 6.9% were unknown as to whether they were verbal or in writing. In FY18, 68.5% of the complaints were verbal, 27.7% or in writing, and 3.9% were unknown.

Table 11: Complaint Rates FY16-FY18						
	FY18*		FY17		FY16	
	N	%	N	%	N	%
Total Complaints	672	100.0%	1,726	100.0%	1,420	100.0%
Verbal	460	68.5%	1,036	60.0%	1,420	100.0%
Writing	186	27.7%	571	33.1%	-	0.0%
Unknown	26	3.9%	119	6.9%	-	0.0%
Complaints per month	96.000		143.833		118.333	
Number of rides	802,875		1,215,789		1,374,136	
Average rides per month	114,696.4		173,684.1		196305.1	
Complaints per 1000 rides	0.837		1.420		1.033	
Unique yearly riders	13,566		16,514		16,470	
Complaints per unique rider	0.050		0.105		0.086	
Average rider/mo.	7,046		7,694		7,927	
Complaints per Avg rider/mo.	0.095		0.224		0.179	
Data source: complaint detail reports and trips detail reports						
*7 months						

Complaint Categories

It can also be helpful to compare the reasons/categories for complaints across years to see if people are complaining about different aspects of NEMT. This proved difficult within Idaho's NEMT

Evaluation of NEMT in Idaho

program because the categories were not consistent between the Current Broker and the Previous Broker or between the standard reports and detailed reports for the Current Broker. The categories provided for each of these reports are noted in Table 12. While some of the categories included are similar, the evaluation team elected not to create a crosswalk. This section relies on the Current Broker detail reports for the data that it presents so that the evaluation team compares with the detail reports from the Previous Broker. A comparison between the Current Broker standard reports and the Previous Broker detail reports is straightforward, although the evaluation team would have to use different data sources, which, as evidenced by the beginning of this section, has a large impact on the number of complaints. The Current Broker detail reports do not include a narrative description of the complaint (the Previous Broker does, and complaint data from other projects that the evaluation team has worked on also include descriptions of the complaint and the resolution), so the evaluation team could not use that data to create an accurate crosswalk between the Current Broker and the Previous Broker detail reports. Furthermore, it is unclear how the Current Broker produces its standard reports when the detail reports include different categories.

Table 12: Complaint Categories		
Current Broker's Standard Reports	Current Broker's Detail Reports	Previous Broker's Detail Reports
Call Center, Member, Plan, Trans. Provider	Agent issue, scheduling error, damage/injury, safety concern, Driver Issue, Late Pickup, Late Pickup - A-Leg, Late Pickup - B-Leg, Missed Pickup, Missed Pickup A-Leg, Missed Pickup B-Leg, Technical Issue, Vehicle Issue, Early Arrival, other	Call center, Transportation Provider, Plan

Recommendation 18: IDHW should establish a standard listing of complaint categories that the Broker should include in their complaint reports. Having a standard listing would allow comparisons of the types of complaints across plans and across years.

Complaint Outcomes

Table 13Error! Reference source not found. shows outcomes related to those complaints. The Previous Broker investigated all of its 1,420 complaints and substantiated 696 (49%). The Current Broker told the evaluation team that it investigated all of the complaints that it received, although the detail

Evaluation of NEMT in Idaho

data set only included investigation dates for 1,624 (94.1%) of the complaints in FY17 and 602 (89.6%) of the complaints in FY18.⁵ It substantiated similar rates of the complaints: 46.7% in FY17 and 47.5% in FY18. Neither company did a good job of responding to complaints as per the timeline specified in the contract. Verbal complaints are supposed to be responded to within one day, and the Previous Broker only did that 15.6% the time, compared to 2.1% of the time for the Current Broker in FY17. The Current Broker did not respond to any of its verbal complaints within a day in FY18. For the verbal complaints, the Previous Broker did not respond to 6.7% of the complaints at all in FY16. The Current Broker responded to all of the verbal complaints at some point during FY17, although they did not respond to 8.8% of the complaints in FY18 (although, again, this may be because the data is not yet complete).

Written complaints are supposed to be responded to within five business days. The Previous Broker did not have any complaints, and therefore there is no data to compare with. In FY17, the Current Broker responded to 5.4% of the written complaints within five days and responded to all of the complaints at some point. FY18, it responded to 7% of the written complaints within five days, and 2.2% of the complaints were not responded to (and again, this may be because of incomplete data).

Table 13: Complaint Outcomes FY16 - FY18

	FY18		FY17		FY16	
	N	%	N	%	N	%
Total Complaints	672	100.0%	1,726	100.0%	1,420	100.0%
Investigated	602	89.6%	1,624	94.1%	1,420	100.0%
Substantiated¹	319	47.5%	806	46.7%	696	49.0%
Responses to verbal complaints						
Within one day	-	0.0%	36	2.1%	222	15.6%
No response	59	8.8%	-	0.0%	95	6.7%
Responses to written complaints						
Within five days	47	7.0%	93	5.4%	-	0.0%
No response	15	2.2%	-	0.0%	-	0.0%

¹ the Previous Broker uses "valid" instead of substantiated

Data source: complaints detail reports

Recommendation 19: All complaints should be investigated and responses clearly communicated to the person making the complaint. The response should include the result of the investigation.

Corrective Action Plan 006, enacted August 4, 2017 specifically notes delays in responses to complaints. These delays are both for responses to IDHW, drivers/providers, and participants. The

⁵ The standard reports include how many complaints were "closed"; they were all "closed." If this is the same as "investigated", it is not clear why the detail reports and data reports differ in their terminology and how "closed" is calculated.

Evaluation of NEMT in Idaho

Current Broker noted that they had difficulty responding to complaints on time through March 2017 because of staff turnover and they hired two additional FTEs to handle this workload. The response to the Corrective Action Plan also states that the Current Broker staff will receive additional training, emphasizing quality assurance components related to investigating complaints and responding to the person making the complaint. The data illustrated above does not support that there was much of a change before and after this Corrective Action Plan was initiated.

Stakeholders commented on how complaints were handled by the Current Broker.

Stakeholders, such as IDHW and a family member, said that the Current Broker often did not respond to complaints or took an inordinate amount of time to respond. Even after multiple complaints were filed, the issues would continue, or it would take a significant amount of time to address. This is reinforced by the data above that shows that very few of the complaints were responded to within the time frames specified in the contract. Healthcare providers also expressed that they felt that the complaints were not taken seriously, or that the Current Broker was defensive and made excuses for why there were issues. IDHW also acknowledged many of these concerns and noted that although the Current Broker is supposed to track all complaints that they receive; they did not think that happened.

Grievances and Appeals

Section 8.8.1.1.3 of the contract defines a grievance as “an expression of dissatisfaction challenging the Contractors action.” The Contractor has 21 calendar days from the date that they received the grievance until they are required to make a decision and provide notice of that decision. If a member is not satisfied with the resolution, they have the right to a fair hearing with IDHW.

Grievances are included in the standard reports package. Table 14 shows the number of grievances per month during FY17. There were three grievances in July 2016 and four grievances in January 2017, with one grievance in every other month of FY17, for a total of 17 grievances. There were no data grievances noted in any of the FY18 standard reports. A detailed report similar to the complaints report was not available after discussions with the Current Broker, IDHW, and the evaluation team; so, the evaluation team was not able to determine whether grievances were resolved and the timeframe for making those resolutions. Similar to the evaluation team’s comments on the complaints detail data set, other grievance data that the evaluation team have worked with typically includes a narrative summary of the grievance itself and the resolution.

Table 14: The Current Broker Grievances (FY17)	
Month (FY17)	Standard Reports
16-Jul	3

Evaluation of NEMT in Idaho

16-Aug	1
16-Sep	1
16-Oct	1
16-Nov	1
16-Dec	1
17-Jan	4
17-Feb	1
17-Mar	1
17-Apr	1
17-May	1
17-Jun	1
Total	17
Data Source: Standard Report	

Appeals

Data on appeals was not available in either detail reports or in the standard reports package. The evaluation team had no data to work with to determine whether there had been any appeals and what the results of that appeal were.

Recommendation 20: Detail reports on grievances and appeals should be available. The details should include the reasons for the grievance/appeal, a summary of the investigation and findings, whether the grievance or appeal was escalated to another layer of the appeal, and the ultimate outcome.

Access to Care

There are many reasons why transportation impacts an individual's ability to access healthcare. The evaluation team collected data on the impact that transportation, particularly transportation provided through the Current Broker NEMT services, had on access to healthcare. This section reviews survey questions regarding access to healthcare services, specific difficulties with transportation, timeliness of rides, provider and driver no-shows for scheduled trips, accessibility of vehicles, and denied trips.

Transportation and Access to Healthcare

This survey contained a question asking, "In the last year, was there any time you needed transportation to or from a health care visit but could not get it for any reason?" Over three fifths of

Evaluation of NEMT in Idaho

respondents (62.4%) reported that they had had difficulties getting transportation, compared to 37.6% who said that they had no difficulties getting transportation when they needed it (Figure 10). A follow-up question asked people to identify the specific difficulties they had in getting transportation that they needed (Table 15). Survey respondents could choose more than one option if they preferred. Similar to the previous question, 37.8% of respondents said that this question did not apply because they always had access to transportation they need. However, 40% of respondents noted that they did not have a car and 28% cited the lack of or limited public transportation in their community. Other common responses noted bad weather (25.8%), that the doctor's office was too far for the transportation they had access to (24.7%), the bus stops were too far away (22.5%), that transportation costs too much (19.6%) and that there was no one to depend on for transportation (19.3%). This data reiterates a point made in the utilization section that there is a strong need for reliable NEMT services in many Idaho communities.

Figure 10: In the last year, was there any time when you needed transportation to or from a health care visit but could not get it for any reason? (n = 271)

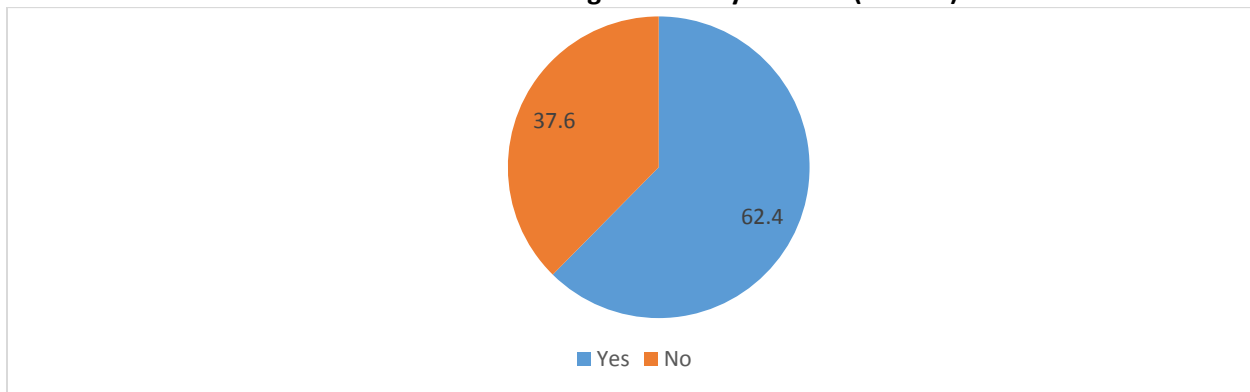


Table 15: Transportation Difficulties What kinds of difficulties do you have in getting the transportation you need? (n= 275)	
Specific difficulty	Percent
Don't have a car	40.0
None, I always have access to the transportation I need	37.8
No or limited public transportation (e.g., ACCESS bus services) in my community	28.0
Bad weather	25.8
Doctor's office is too far	24.7
Bus stops are too far away	22.5
Costs too much	19.6
No one to depend on	19.3
No or limited taxi service in my community	17.1
Physical or other disability makes transportation hard to use	17.5

Evaluation of NEMT in Idaho

Buses don't run on time or don't run when needed	16.4
Don't want to ask for help or inconvenience others	16.4
Other	15.6
Fear of crime	6.2
Can't use equipment such as a walker, cane, wheelchair, etc., with available transportation	6.2
Data Source: Member Survey	

During the interviews, stakeholders emphasized the importance of transportation in accessing care. For example, one family member said, “That there is a system, if it’s processed correctly, gives access to therapies and early intervention opportunities for children with special needs or adults with any needs. That would help things from getting worse, it provides access if it’s processed properly.” An enrollee indicated that not being able to schedule appointments less than 48 hours in advance was problematic [note: this is possible if the appointment was urgent]. Another enrollee said that he couldn’t get transportation in time, so he had to walk to the cardiologist’s office instead of being provided with the Current Broker’s services. This represents a real issue with the 48-hour advance notice for scheduling a ride, or at least a miscommunication about how to get transportation with less advance notice. It was not clear from these interviewees whether the appointment had been scheduled for a while and they did not request services on time or whether it was an appointment that was scheduled with little advance notice.

Not having access to transportation can threaten a person’s mental or physical well-being, as expressed by one advocate:

When you have someone, people missing dialysis appointments, critical mental health therapy appointments, we can’t afford to put people’s mental health at risk. Transportation – it’s huge – it’s a major service in their system of care. So we have to make sure that the people that are providing that service are doing so appropriately.

Others noted that healthcare providers would drop enrollees from their care when they missed several appointments due to transportation. The following sections explore how often appointments were missed because of trouble with the Current Broker NEMT transportation.

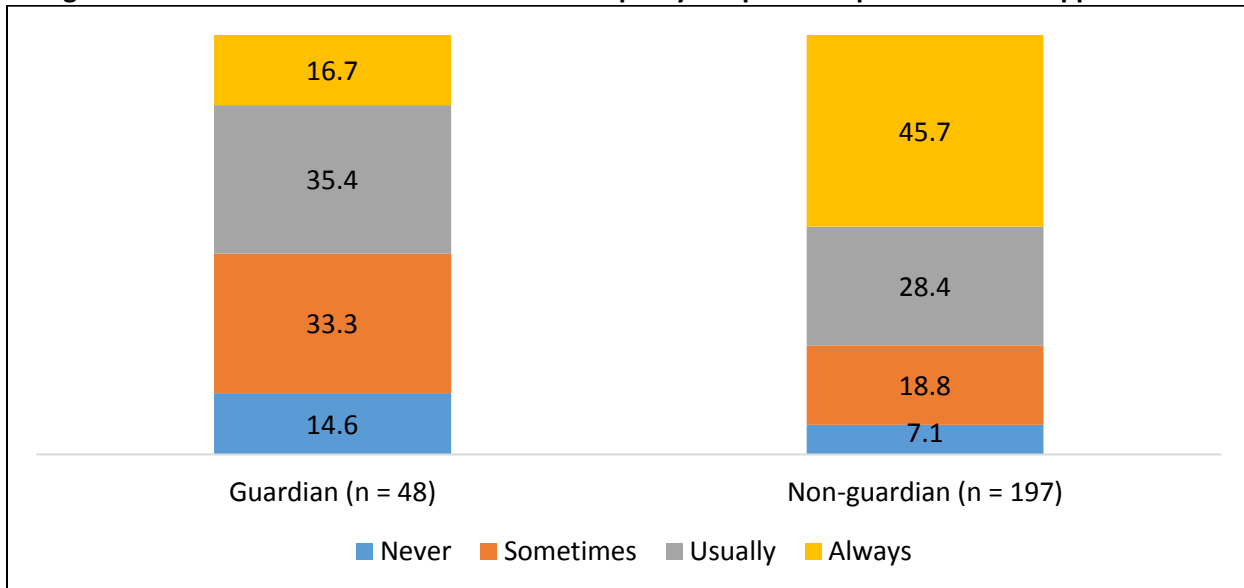
Transportation Timelines

One particular issue with transportation regarding access to care is how often the transportation that is provided is on time so that an individual does not miss a scheduled appointment. The survey asked respondents how often transportation drivers scheduled through the Current Broker were on time to pick up an individual to travel to or from an appointment. There was a statistically significant

difference in responses for people with guardians versus people without ($\chi^2 = 13.728$, $df = 1$, $p < 0.001$); people with guardians, many of whom have developmental disabilities, were less likely to say that drivers were usually or always on time. 45.7% (always) and 28.4% (usually) of guardians felt that the driver was mostly on time, compared to only 16.7% (always) and 35.4% (usually) of people with guardians (see Figure 11). This suggests that the Current Broker service had a particular difficulty arranging transportation on time for people with guardians, and by extension people with developmental disabilities. However, this survey data is not available for the Current Broker prior to the Current Broker, so it is not possible to say whether or not these results are worse or better than in previous years. Still, the results showed that there is room for improvement when it comes to transportation drivers being on time.

Recommendation 21: A consumer survey should be conducted on a regular basis, at least every two years, to track changes in outcomes such as drivers being on time.

Figure 11: How often was the driver on time to pick you up for a trip to or from an appointment?



Multiple enrollees described how the poor timing of the Current Broker services, or the tendency for drivers to arrive too early or too late, contributed to their negative experiences. The most common complaint was having to wait for extended periods of time after an appointment was completed, but many participants explained that drivers who arrive an hour early caused similar inconveniences. An enrollee shared his experience:

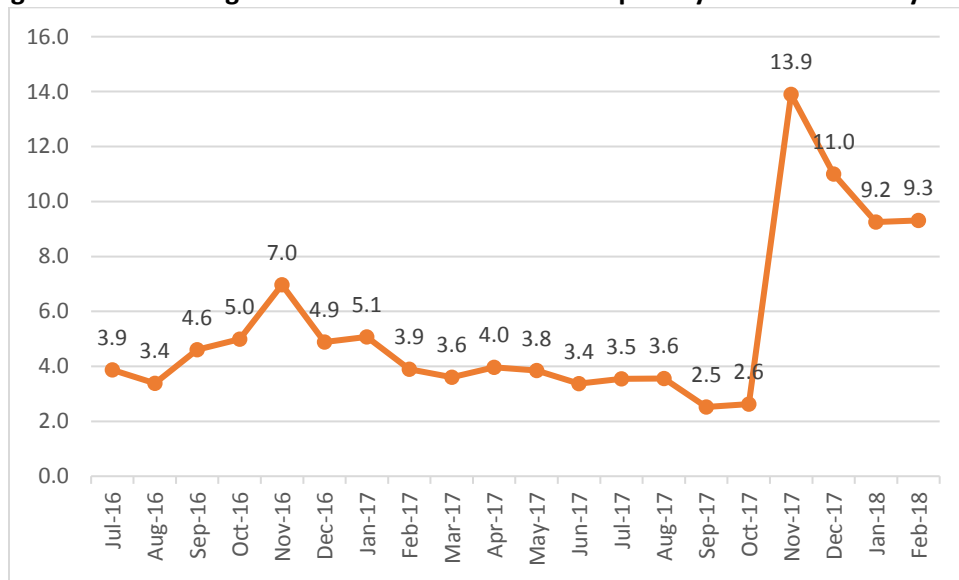
Just a few weeks ago, I was gone for almost 7 hours for an appointment that lasted a total of 3 minutes. I understand, you know, beggars can't be too choosy, but I may be poor, I may be disabled, but my time is valuable too.

Evaluation of NEMT in Idaho

In addition to being inconvenient, some participants emphasized how extensive waiting times negatively impacted their health. Waiting and being late resulted in increased anxiety for some, while another enrollee explained that it was physically demanding for her to have to stand and wait for such long periods of time. A healthcare provider noted it was particularly concerning for service users who were supported by dialysis machines and needed to adhere to a strict schedule.

The Current Broker's technology allowed for tracking of late drivers. This is an additional feature that previous NEMT brokers had not been able to do. According to the Current Broker's standard reports, the percentage of late rides per month ranged between 2.5% and 5%, with the exception of November 2016, when the rate was 7%. However, when the Current Broker announced that it was ending its contract, the percentage of late trips increased to 13.9% in November 2017 and remained above 9% for the rest of the contract. This information is illustrated in Figure 12.

Figure 12: Percentage of the Current Broker Late Trips: July 2016 to February 2018



No shows

Another barrier to access is when a driver does not show up at the scheduled time to provide a ride. This situation is called a 'no-show'. On the other hand, passengers also sometimes do not 'show up' for their rides, for a variety of reasons from 'not being ready' to 'not wanting to go'. Most evaluations of NEMT have cited higher passenger no-shows than driver no-shows.⁶ According to the Current

⁶ Kara E MacLeod et al., "Missed or Delayed Medical Care Appointments by Older Users of Nonemergency Medical Transportation," *The Gerontologist* 55, no. 6 (2014).

Evaluation of NEMT in Idaho

Broker/IDHW contract, drivers are required to wait for 10 minutes after the scheduled pick-up time before leaving and noting it as a 'passenger no-show'. However, the only way a 'driver no-show' gets reported is when a passenger calls and so this number may be under-reported. It is unclear what happens when a driver is simply late. According to the Current Broker contract, the Current Broker is supposed to find alternative transportation when "when a transportation network provider is more than fifteen (15) minutes late or doesn't show" (the Current Broker/DHW contract, Section 8.3.2.7). The Current Broker works to find a new driver as soon as possible if no driver is assigned or a driver rejects the trip. However, it is not clear when a late trip is turned into a driver no-show. There are many more trips that are called 'late' than those that are called 'driver no-shows'.

Recommendation 22: IDHW should work with the Brokers to define a systematic way to report driver and passenger no-shows. Waiting for a potential passenger to report a no-show is not sufficient.

The survey also included a question about no shows: "In the last year, how often did [the Current Broker's] transportation fail to pick you up for a medical appointment?" Overall, 50.9% reported never, 36.9% reported sometimes, and 12.2% reported usually or always. There were significant differences in responses based on two variables: whether the person lived in Ada/Canyon County ($\chi^2 = 5.872$, $df = 1$, $p < 0.015$) and the respondents' guardian status ($\chi^2 = 5.428$, $df = 1$, $p < 0.02$). See Table 16 for these responses.

Table 16: Failure to Be Picked Up In the last year, how often did [the Current Broker's] transportation fail to pick you up for a medical appointment?						
Variable	Category	n	Never	Sometimes	Usually	Always
County	Ada or Canyon	101	38.6%	46.5%	12.9%	2%
	Other Idaho Counties	121	61.2%	28.9%	5.8%	4.1%
Guardian Status	Guardian	48	39.6%	39.6%	14.6%	6.3%
	Non-guardian	174	54%	36.2%	7.5%	2.3%
Data Source: Sampling Frame and Member Survey						

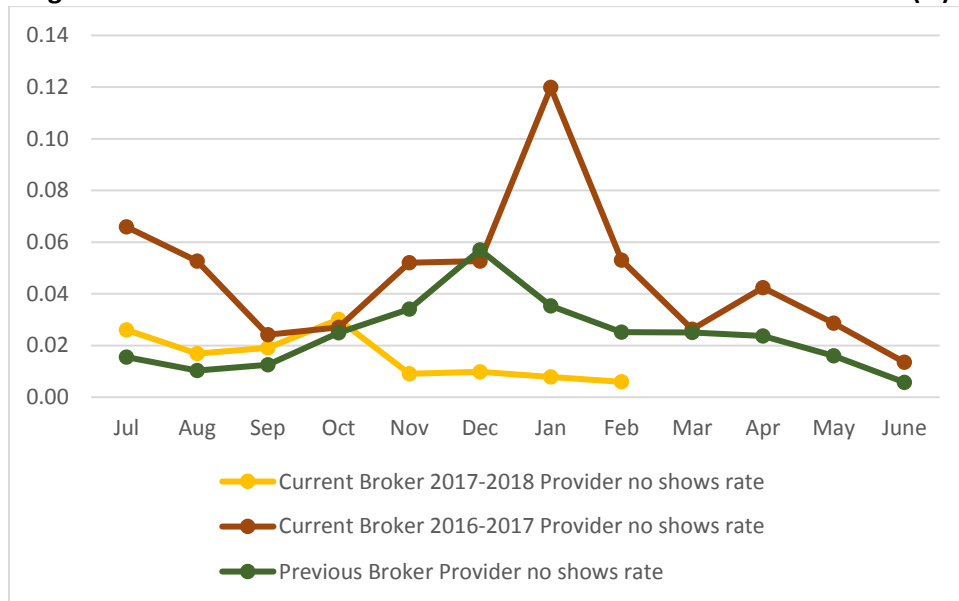
Among participants who live in Ada or Canyon counties (where the IDP program coincidentally was also used), 12.9% and 2% reported that the Current Broker's transportation usually and always failed to pick them up, respectively, compared to less people in other Idaho counties where IDP was not utilized, 5.8% said usually and 4.1% said always. These results suggest that IDP may not have been effective at ensuring that there are no missed rides under the Current Broker's NEMT services.

Evaluation of NEMT in Idaho

People with guardians were also more likely to report a higher rates of driver no-shows than people without guardians: 14.6% and 6.3% of participants with guardians reported drivers usually and always failed to pick them up, respectively, up compared to 7.5% and 2.3% those without guardians. This finding suggests and supports the need for IDHW's Corrective Action Plan 002 (see Appendix B. Extra Tables) to clarify procedures for providing rides to people with special healthcare needs.

According to the brokers' reports, driver no shows were rare. The broker/IDHW contract states that the provider no-shows must NOT be greater than 0.5% of the total amount of trips. The Previous Broker reported fewer no-shows in FY16 than the Current Broker did in FY17 (see Figure 13). The Current Broker improved their no-show rate in FY18, especially after it was announced that they were ending the contract. These rates are below .01 per 100 rides. The highest no-show rate for the Current Broker drivers was 0.12% in January 2017, a month when there was a significant snow storm. Still, it is not clear how complete the data is as driver no-shows likely had to be reported by riders waiting to be picked up who actually called the Current Broker to report that they had not been picked up.

Figure 13: The Current Broker and the Previous Broker: Driver No Shows (%)



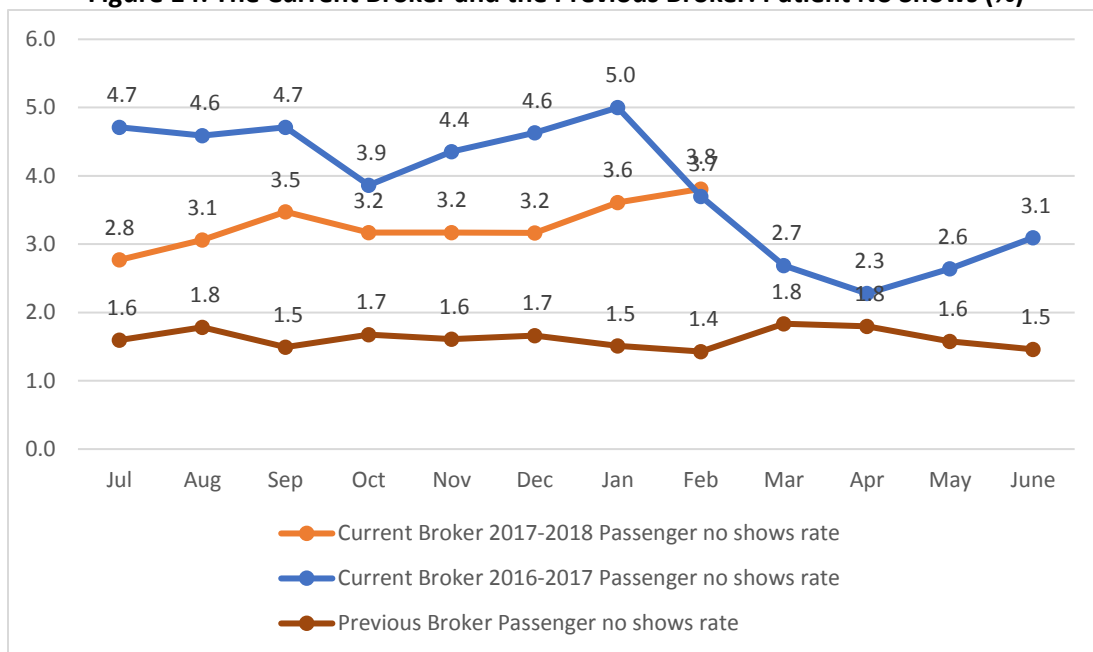
Similarly, Figure 14 shows the rate of passenger no-shows over this same period. The rate of the patient no-shows decreased from 4.7% to 3.1% during 2016 through 2017 with some fluctuations. In FY18, the Current Broker's rate increased slightly to 3.8 no-shows per 100 rides. The rate of patient no-shows under the Previous Broker was relatively stable, remaining between 1.5% and 1.8% during FY16. There is no follow-up regarding patient no-shows, so it is not clear why the rate was higher for the

Evaluation of NEMT in Idaho

Current Broker. The difference may also be because of different procedures between companies, such as waiting a certain number of minutes or calling to confirm the ride.

Recommendation 23: IDHW should invest in research that investigates reasons for passenger no-shows. Passenger no-shows have a significant impact on operations of the Broker, and every effort should be made to reduce those no-shows. They may also impact maintenance of members' health. Further investigations could reveal the best way for confirming a ride, provide procedures for drivers to follow when waiting for a passenger, and possibly highlight other problems, such as incorrect location information and problems with GPS systems. There may be common intrapersonal problems to getting ready for an appointment that could be addressed by a care coordinator or social worker.

Figure 14: The Current Broker and the Previous Broker: Patient No Shows (%)



Accommodations Needed

Inaccessible or inappropriate vehicle types can be another reason that people are not able to access the healthcare they need. This survey asked people to identify the types of specialized assistance or equipment that they need when they travel outside the home. The largest proportion of people (18%) said that they used a cane, crutches, or walker.

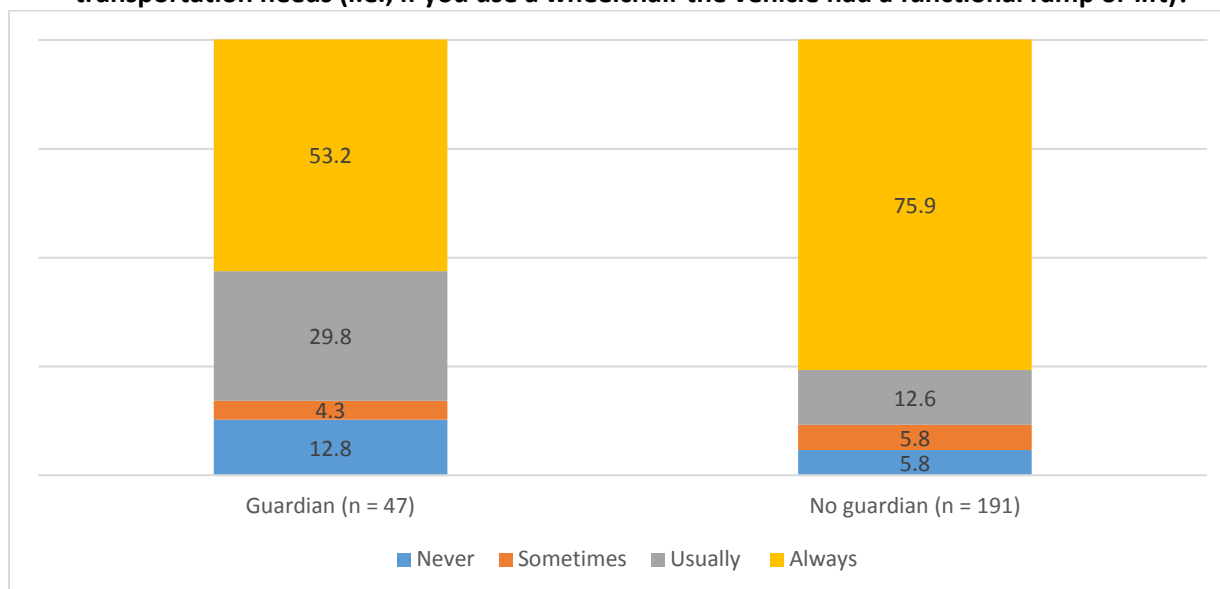
Evaluation of NEMT in Idaho

Over a third of survey participants indicated they needed a cane, crutch or walker, or some form of wheelchair to travel outside their homes. Another 14.5% needed assistance from another person while outside the home. Thus, it would be important for any NEMT provider to ensure their vehicles are equipped to meet these needs and that drivers be prepared to provide clients with assistance to or from an appointment when necessary. 14.5% said that they needed assistance from another person while outside the home. And 16.3% of people said that they use a wheelchair, either a manual wheelchair (9.7%) or an electric scooter or wheelchair (6.6%). See Table 17 for more details on the interviews by the survey sample.

Table 17: Specialized Assistance or Equipment Needed What kinds of specialized assistance or equipment do you need to travel outside your home? (please mark all that apply; n = 269)	
Type of assistance or equipment	Percent
Cane, crutches, or walker	18.0
Assistance from another person while OUTSIDE the home	14.5
Manual wheelchair	9.7
Electric scooter or wheelchair	6.6
Other	6.2
Oxygen tank	5.9
Interpreter	4.5
Visual aids (Magnifiers or high-powered glasses; white cane)	4.2
Hearing aid	3.5
Service animal	1.4
Data Source: Member Survey	

The contract's Scope of Work (8.6.5.1) includes a requirement that wheelchair vehicles comply with ADA regulations. A survey question also asked how often the vehicle that arrived was appropriate for their transportation needs and had a wheelchair ramp or lift that was functional if they had requested one. The responses to this question showed a significant difference between people with and without guardians ($\chi^2 = 5.921$, $df = 1$, $p < 0.015$). 75.9% of people without guardians said that the vehicle was always appropriate, compared to only 53.2% of people with guardians. These differences may be because people with guardians have more health care needs in general, which is likely associated with the need for specialized equipment such as a wheelchair lift (see Figure 15).

Figure 15: When transportation arrived, how often was the vehicle appropriate to meet your transportation needs (i.e., if you use a wheelchair the vehicle had a functional ramp or lift)?



During the interviews, stakeholders noted that enrollees may need specific accommodations that were often not provided. For example, interview respondents cited instances where a vehicle was sent that could not accommodate a wheelchair when one had been requested. One enrollee said that this had happened on multiple occasions. A healthcare provider noted the consequences of this:

The other issue that I heard a lot, for instance, I have a man who uses a wheelchair, we requested wheelchair transfer, but they sent a provider who couldn't pick them up and then they missed their appointment.

Not providing accommodations such as door-to-door assistance jeopardized the safety of enrollees:

That population of people with DD was totally underserved and left in high-risk situations because they weren't walked into the centers or were dropped off at corners of busy intersections.

A healthcare provider suggested that drivers escort enrollees from their front door to the medical appointment and back, rather than dropping them off in front of their house or the facility, as many people may need assistance with getting from one location to another. Other accommodation needs included assistance in bad weather, cultural considerations, special harnesses for kids, and alternative scheduling options (other than online).

Recommendation 24: Drivers should receive specific training on accommodations from local advocacy groups, including people with disabilities for hands-on training.

Recommendation 25: Brokers should also ensure that they clearly note all of the transportation documents when rides need special equipment or services. They should also clarify their policies and procedures for when transportation is provided but cannot make those special needs for equipment. If a ride is provided that is inaccessible or has nonfunctional equipment, that rider should be entitled to the next available accessible vehicle. Drivers should also be required to report these circumstances to track how frequently this actually occurs and to remove a vehicle from circulation when equipment is in need of repairs.

Denials

Potential NEMT riders could also have difficulty with access to care if they are denied transportation when they tried to schedule it. There are various reasons why Idaho Medicaid members are denied rides but they are tied to regulations set by IDHW at the state level and by CMS at the federal level. Denials are setup to reduce fraud and ensure that the Current Broker provides the least costly service. Both the Current Broker and the Previous Broker produced denial reports that included the reasons for the denials (see Appendix B. Extra Tables). In the Current Broker's report, 'Not eligible for service' was constantly the most frequent reason for a denial, except for a few months when 'Other' was the most frequent reason. According to the Previous Broker's reports, the most frequent reason for a denial was 'Advanced notice not met'.

Recommendation 26: When producing reports, "other" should be a relatively small category. When it is the most frequent category in a report, or is more than 10% of cases fall into "other", more detail should be provided, and the Broker should be required to create more specific meaningful categories.

Table 18 compares data from the Previous Broker and the Current Broker on denials that they issued in FY16 and FY17, respectively. In FY17, the Current Broker denied 14,807 trips, with an average denial per average utilizing member rate of 0.157. In the previous year, the Previous Broker only denied 2,475 trips, and average denial rate per average utilizing member of 0.025. A significant number of the Current Broker's denials came from December 2016 when they denied 5,194 trips (35% of the denials for the entire year); and this month, 3,958 trips were denied to people who the Current Broker recorded as 'refusing appropriate mode'. A larger number of trips (797) were also denied because of 'not eligible for service'. Figure 16 shows the number of denials by each company across the two years, and

Evaluation of NEMT in Idaho

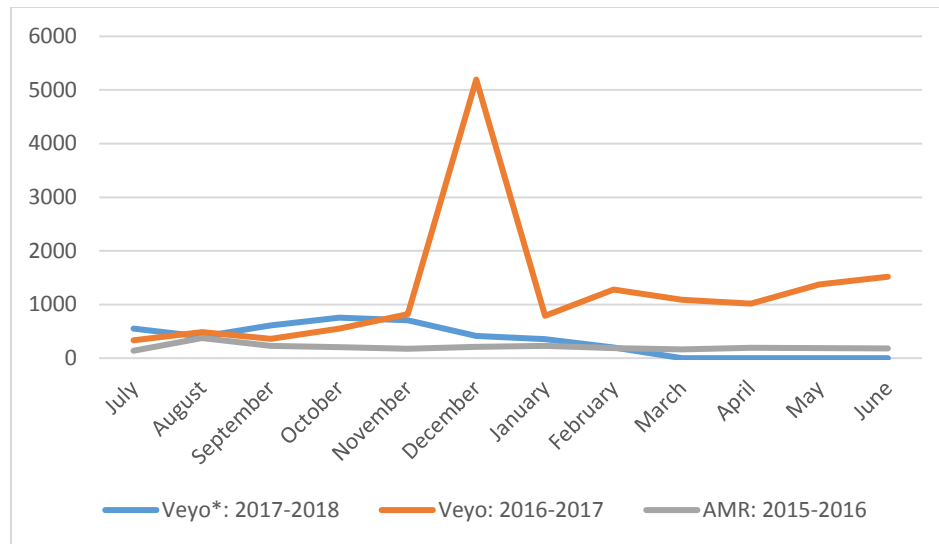
December 2016 is a definite outlier. Aside from this month, the number of denials was relatively constant. However, even accounting for this month, the Current Broker had a higher denial rate than the Previous Broker.

In December 2016, the spike in denials was caused by a change in the Current Broker's policies; they began to deny NEMT services to those who had a vehicle in their household, not just the vehicle registered in their own name. The Current Broker allowed members to provide documentation of whether that vehicle was a possibility for them, but some people may not have done that, and so the denial rate jumped at that time. In FY18, the total and average denied trips went down to 0.065, but was still above the rate of the Previous Broker. Between 2015 and 2016, the Previous Broker denied 2,475 trips, or 0.025 average denials per average utilizing member. In practice this means that one out of six the Current Broker members who utilize the service were denied a trip in FY17, compared to one out of 15 in FY18 and compared to one out of 40 for the Previous Broker in FY16.

Table 18: Denial Statistics for the Previous Broker (FY16) and the Current Broker (FY17 and FY18)			
	the Current Broker*: 2017-2018	the Current Broker*: 2016-2017	the Previous Broker**: 2015-2016
Total trips	807,208	1,247,396	1,272,706
Average monthly total trips***	100,901	103,950	106,059
Total denied trips	3989	14,807	2,475
Average monthly denied trips	499	1,234	206
Total # unique members	13,566	16,514	16,470
Average # utilizing members per month	7650	7,874	8,379
Rates or percentages			
Denials per monthly utilizing member	0.065	0.157	0.025
Annual denied trips per unique member	0.294	0.897	0.150
Average denials per average monthly total trips	0.49%	1.19%	0.19%
Data Sources: the Current Broker Standard Reports and the Previous Broker Transport Summaries			
* taken from the Current Broker standard reports			
** taken from the Previous Broker transport summaries			

Figure 16: Denied trips

Evaluation of NEMT in Idaho



Under NEMT, riders are not eligible for transportation services when there is a registered car at the person's residence. A healthcare provider noted that while an enrollee may have a personal car, they cannot always drive it. They said:

One of the things that The Broker [...] is doing which I'm not a huge fan of, specifically for dialysis patients, a lot of our patients may have cars, but they can't drive the car. But they have a car registered in their name. The Broker ran DMV reports to see if someone had a car in their name. [...] For individuals who have a car but cannot use the car, they may not be able to utilize the service after a certain amount of time. I don't think it's right. What The Broker made us do is get a note from the physician.

own car, come from the state and federal level, and are not the fault of the Current Broker. However, the Current Broker can make it easy for people with their own vehicles to complete paperwork that allows them to receive transportation services when they are not able to use their own vehicle because of doctor's orders, homeless, or disability.

Transportation Quality

Even when transportation is provided on time to facilitate access to care for NEMT eligible Medicaid participants, access to care can also be impacted by poor quality of the transportation that is provided. In particular, this includes accessibility of the vehicle, state of the vehicle, feelings of safety, and experiences with the drivers/providers.

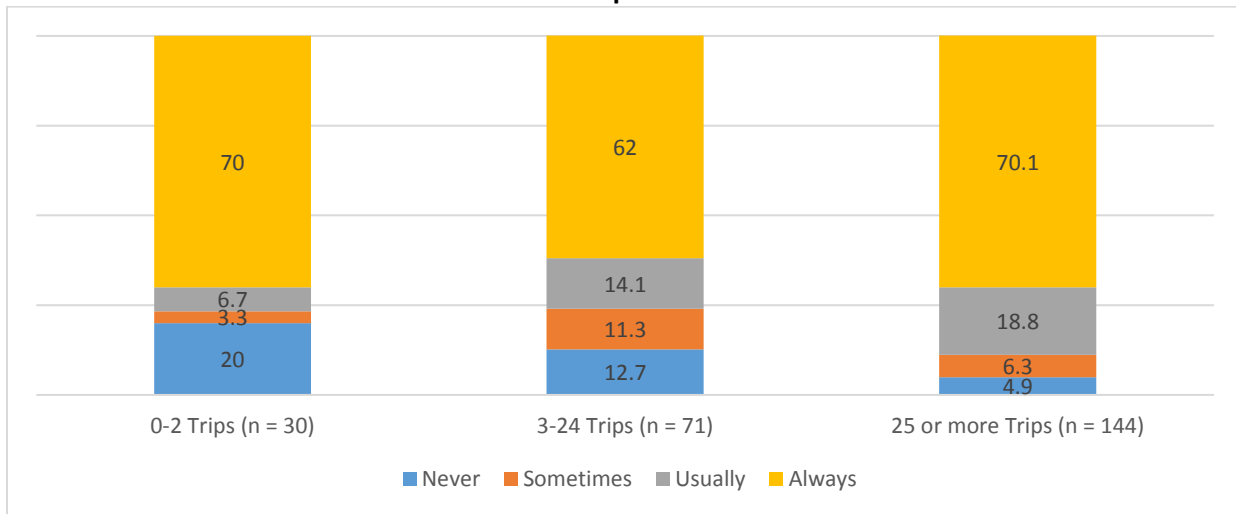
State of Vehicles

It is also important that vehicles be in good mechanical repair, aside from having functional ramps or lifts. The survey asked respondents, "How often was the vehicle provided in good mechanical repair?"

Evaluation of NEMT in Idaho

There were significant differences according to the number of trips that the respondent had taken in the previous year ($\chi^2 = 4.134$, $df = 1$, $p < 0.042$). Figure 17 shows that people who took fewer trips were more likely to say that the vehicle was never provided in good mechanical repair. Nonetheless, over three quarters of people in each trip group said that the vehicle was always or usually provided in good mechanical repair. Similar to previous questions, without comparative data from previous years, it is not possible to say how these figures compared to assessments of good mechanical repair by riders in previous years or under previous brokers.

Figure 17: When you received transportation, how often was the vehicle provided in good mechanical repair?



Vehicle cleanliness can also impact a person's experience during transportation, and potentially their access to care. Another survey question asked, "How often was the vehicle clean?" See Table 19 for responses to this question. There were statistically significant differences between people with and without guardians ($\chi^2 = 13.203$, $df = 1$, $p < 0.001$). A lower percentage of participants with guardians reported the car was always clean compared to people with guardians (35.4% vs. 72.5%).

There were also significant differences by number of trips ($\chi^2 = 6.025$, $df = 1$, $p < 0.014$). People who took 25 or more trips in the previous year were more likely to report that the vehicle was always clean (68.8%) compared to people who took between three and 24 trips (60.3%) or two or fewer trips (61.3%). See Table X for more information. These results may be because people who took a number of trips were comfortable with this service and had different expectations than people who took fewer trips.

Table 19: Vehicle Cleanliness					
When you received transportation, how often was the vehicle clean?					
	N	Never	Sometimes	Usually	Always

Evaluation of NEMT in Idaho

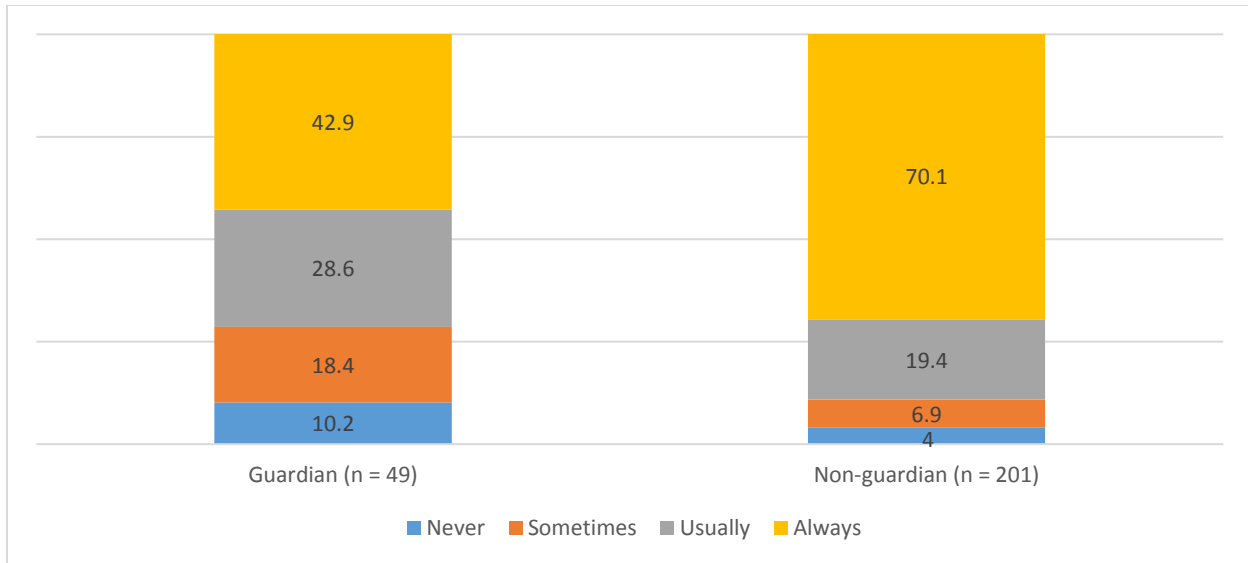
Guardianship status					
Guardian	48	6.3	12.5	45.8	35.4
Non-guardian	200	3.5	7.5	16.5	72.5
Trips group					
0-2 Trips	31	16.1	3.2	19.4	61.3
3-24 Trips	73	2.7	16.4	20.5	60.3
25 or more Trips	144	2.1	5.6	23.6	68.8
Data Source: Sampling Frame and Member Survey					

Safety

Feelings of safety can also be important to assessments of quality of transportation. The contract's Scope of Work (8.2.2.2.1) specifies that the Current Broker is responsible for ensuring that all transportation services address the safety needs of disabled or special needs participants. This includes the questions on accessibility noted above. The survey also asked, "How often did you feel safe when riding with a transportation driver?" Again, there were statistically significant differences for guardianship status ($X^2 = 14.216$, $df = 1$, $p < 0.001$). Nearly 43% of participants with guardians usually felt safe with a driver compared to 70.1% of those without guardians. Over 10% of those with guardians never felt safe compared to participants without guardians (4%). This is notable in that participants with guardians are presumably a more vulnerable population compared to those without guardians. Part of the differences in these responses is that people with guardians likely had a family member help complete the survey, and the family member may have different opinions versus whether the enrollee completed the survey by themselves. Nonetheless, this is an interesting finding that corresponds with concerns by family members and advocates. This data is shown in Figure 18.

Figure 18: How often did you feel safe when riding with a transportation driver?

Evaluation of NEMT in Idaho



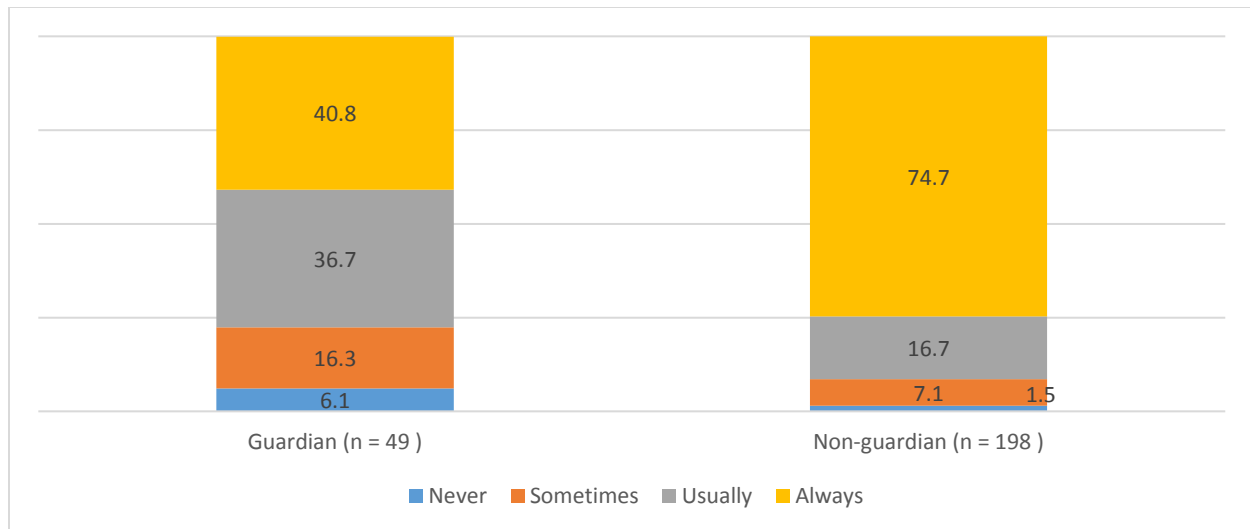
During interviews, stakeholders emphasized several safety issues. For example, healthcare providers and advocates noted that enrollees were not dropped off at the exact location of the appointment or were dropped off at busy intersections or in parking lots. One healthcare provider reported that a driver was smoking while a child was in the car. Because there are no details and complaints provided in the complaints data, it is impossible to tell whether this was reported to the Current Broker and whether anything was done about it.

Stakeholders Experience with Drivers and Providers

General interactions with drivers and providers are also important to the perceived quality of transportation experiences for NEMT users. The survey asked people, “how often was the transportation driver polite and courteous?” Again, there were significant differences by guardianship status ($t = 18.777$, $df = 1$, $p < 0.001$). As shown in Figure 19, participants with guardians were more likely to report that drivers were never or sometimes polite and courteous (22.4%) compared to those without guardians (8.6%).

Figure 19: When you received transportation, how often was the transportation driver polite and courteous?

Evaluation of NEMT in Idaho



Stakeholders reported having varied experiences with actual drivers and providers; that is, some participants had wholly positive experiences, while some described mixed experiences, and others had largely negative experiences. Some participants described their drivers as being nice and professional, with one service user claiming, “The drivers have always been courteous, kind, and helpful. They stow my walker for me, I don’t have to do it. The drivers are just fantastic – bus or personal vehicles.” Another participant expressed similar appreciation, saying “of all these drivers, I haven’t met one that isn’t professional and they’re wonderful, which is impressive. They hire good people.”

Among participants who had mixed experiences, some attributed service disparities to the different providers. Multiple service users reported requesting the same provider and driver if excellent service was provided, and these service users who were able to build relationships with drivers seemed to have more positive experiences. One advocate explained that:

With our traditional providers, they picked up many of the same people, so relationships were built – I can’t underscore the value of those relationships. When people have complicated mental and chronic health issues, you’re better able to support that individual and build a level of trust and familiarity.

Other participants relayed experiences in which drivers were rude, used inappropriate language, or acted in an otherwise unprofessional manner. One family member shared a particularly negative experience which caused her son to miss therapy:

There was one situation where it happened on Friday, the driver got to the appointment earlier, like 15 minutes, because son was the first appointment of the day, the provider wasn’t there yet. The driver decided to take him back home without asking me, or saying anything. I only found that out and the therapist said he wasn’t there yet. I called my son and I found out that the driver said she had something else to do so she had to drop him off at home. That caused him not to have any therapy that day. I think that was unacceptable – for her to decide that he didn’t need therapy that day. She should’ve called me.

Overall Quality Assessments

Using questions from the survey, the evaluation team computed two scales to help assess the quality of NEMT services provided by the Current Broker. These include a scale (overall measure) for experience scheduling rides and another for experiences during the ride. The questions used in each scale are shown in Table 20. The possible responses for all items in both scales were never, sometimes, usually and always. The scheduling rides and ride experience scales demonstrated very strong internal consistency, with a Cronbach's alpha of 0.87 and 0.88, respectively, making them valid for use in statistical comparisons. The survey also asked people to assess the Current Broker overall, and that question is also specified in Table 20.

Table 20: Scales and Individual Items Used for Assessing Overall Quality
Experience Scheduling Rides (five questions, $\alpha = .87$)
When you phone the Current Broker's Call Center to request transportation services, how often was the representative polite and courteous?
When you phone the Current Broker's Call Center to ask questions about transportation, how often was the representative knowledgeable, helpful, and met your needs?
If you encountered a problem with the Current Broker's Call Center representative, how often were you satisfied with the resolution?
If you phone and requested to speak with a supervisor or escalation agent, how often did you get to speak with them?
If you spoke with a supervisor or escalation agent, how often were they polite and courteous?
Ride Experience (six items, $\alpha = .88$)
When transportation arrived, how often was the vehicle appropriate to meet your transportation needs?
When you received transportation, how often was the transportation driver polite and courteous?
When you received transportation, how often did you feel safe when riding with a transportation driver?
When you received transportation, how often was the vehicle clean?
When you received transportation, how often was the vehicle provided in good mechanical repair?
When you received transportation, how often was the driver on time to pick you up for a trip to or from an appointment?
Overall Rating of the Current Broker (one item)
Using a number from 0 to 10, where 0 is the worst possible transportation service possible and 10 is the best transportation service possible, what would you use to rate the transportation services provided by the Current Broker?
Data Source: Member Survey

The evaluation team conducted a series of t-tests on the three variables contained in Table 20, above, and the three critical variables used in this report: guardianship status, county (Ada/Canyon) and number of trips (ANOVA tests rather than t-tests because it has three groups rather than two). Table 21 below, gives the means and standard deviation for each of

Evaluation of NEMT in Idaho

these measures for the overall sample, as well as between any of the groups of critical values, where there are statistically significant differences. There were no significant differences between the trip groups, so that variable is not included. The evaluation team also conducted regression tests to explore differences in these variables by age, race, gender, and disability type, but there were no significant differences.

Table 21: Mean Scores and SD for the Current Broker Survey Scales						
	Overall	n	Guardianship Status		County	
			Guardian	No Guardian	Ada or Canyon	Other Idaho Counties
Scheduling a ride	2.89 (0.88)	247	No significant difference		No significant difference	
Ride experience	3.40 (0.71)	253	3.02 (0.84)	3.49 (0.64)	No significant difference	
Current Broker's rating score	7.04 (2.97)	252	5.91 (3.06)	7.34 (2.88)	6.52 (2.96)	7.43 (2.92)
Data Source: Member Survey and Sampling Frame						

The overall mean score for scheduling the ride was 2.89 (on a scale from 1-5). There were no significant differences in the scheduling ride score by guardianship status, county, or frequency of trips. The mean of 2.89 still shows a letter of room for improvement in scheduling ride, and the standard deviation is fairly high, showing a lot of variation in how people felt about their experiences scheduling a ride.

The overall mean score for ride experience was 3.40, a higher score than for scheduling a ride with less variation. This implies that people had consistently better experiences with the ride than with scheduling the ride. There were significant differences by guardianship status ($t = -.745$, $df = 65.538$, $p < 0.001$); people with guardians had lower ratings of their right experience than people without guardians. Given some of the individual items detailed above, this finding is unsurprising.

The overall mean the Current Broker rating score was 7.04 and the high standard deviation (2.97) shows a wide range of ratings. There were significant differences in score by both guardianship status ($t = -3.188$, $df = 250$, $p = 0.002$) and county ($t = -2.438$, $df = 250$, $p = 0.015$). On average, participants with guardians rated the Current Broker lower than people without guardians. Again, given some of the previous results of single items, this is not surprising. People who lived in Ada or Canyon County also rated the Current Broker lower than people in other counties in Idaho. This may be because IDP was active in Ada and Camden County, and these results may suggest poor experiences with IDP. However, this survey can only tell whether IDP was active in the county, not that the participant was specifically talking about their IDP experiences.

IDP and Other Driver Concerns

A unique feature of the Current Broker's plan to provide NEMT services in Idaho was the inclusion of the Independent Driver Program (IDP) in addition to the traditional Third Party Operators (3POs). While the model for the past several years in Idaho had been for IDHW to contract with a broker to coordinate transportation services amongst a network of 3POs (who in turn employ drivers to represent that organization/company), the IDP model adds a network of independent drivers who provide occasional rides, similar to Uber or Lyft to work in Ada and Canyon counties, in the Boise region. As shown in previous sessions, people in those counties sometimes reported less satisfaction or more difficulties compared to other counties. This section will present data that the evaluation team was able to obtain relating to IDP and comment on whether it can be used successfully in Idaho.

As part of its proposal, the Current Broker was planning to implement an independent driver program (IDP) that would allow for service to be provided by drivers that were not affiliated with a NEMT transportation company or what is known as Third Party Operators (3POs). The IDPs were designed to be used in the Boise region, in Ada and Canyon counties. While the idea was to eventually have an app similar to Uber or Lyft, the implementation of IDP was mostly on the provider side, with the intent of setting up a system where the passenger would not necessarily know that the driver was an IDP versus another company.

IDP Utilization

In FY17, 6.9% of all of the trips provided under the Current Broker were provided through the IDP. In FY18, this decreased slightly to 6.6%. In each month there was a similar percentage of trips. Table 22 provides additional information on IDP usage to attend behavioral health, developmental therapy, or psychiatric service appointments. In FY17, nearly 9% of behavioral health service appointments and over 15% of psychiatric service appointments were provided by IDP. Only 0.83% of rides to developmental therapy were provided that IDP. The numbers were fairly similar for FY18, except for developmental therapy which tripled the number of users. Across the three services, 1,543 unique members received IDP transportation at least once in FY17 and 1,508 unique members in FY18.

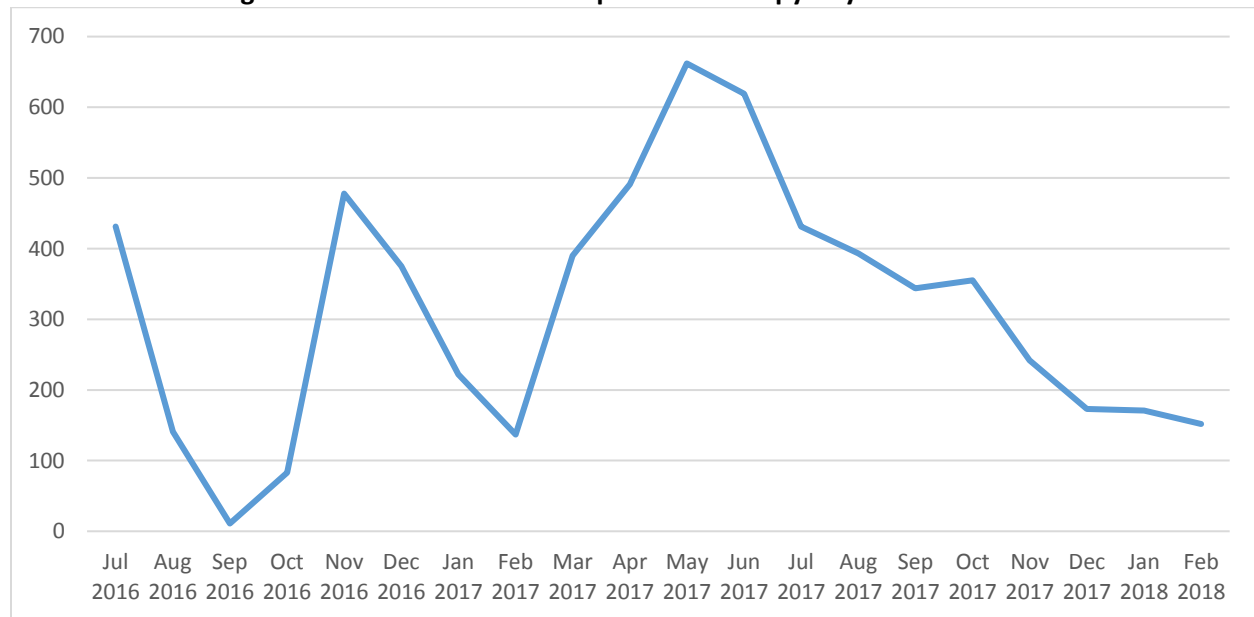
Figure 20 shows the number of rides provided by IDP to developmental therapy in FY17 and FY18. The general trend is that the number of rides provided through IDP increased throughout the year. The lowest number of IDP rides was in September 2016, when only 11 rides were provided by IDP to developmental therapy. This is interesting because in September 2016, IDHW met with the Current

Evaluation of NEMT in Idaho

Broker and came to an agreement that IDP would not be used for members with developmental disabilities, except if the member wanted an IDP driver and that was listed as their “preferred provider” within the database. It is clear from this data that trips continue to be scheduled through the IDP for all users, including for people with developmental disabilities, after the September 2016 agreement not to do so unless people preferred it.

Table 22: Transportation for Developmental, Behavioral, and Psychiatric Services IDP provided transportation for clients for developmental, behavioral, and psychiatric services for FY17.								
	Behavioral Health		Development Therapy		Psychiatric		All 3 types	
	FY17	FY18	FY17	FY18	FY17	FY18	FY17	FY18
Non-IDP rides	101,160	52,674	483,259	330,220	11,856	7,825	596,275	390,719
IDP rides	9,970	4,167	4,040	2,269	2,109	1,713	16,119	8,149
Non-IDP %	91.0%	92.7%	99.2%	99.3%	84.9%	82.0%	97.4%	98.0%
IDP %	9.0%	7.3%	0.8%	0.7%	15.1%	18.0%	2.6%	2.0%
Unique members provided service by Non-IDP	2,536	4,097	2,620	6,540	1,061	1,612	6,217	7,398
Unique members provided service by IDP	917	865	290	383	336	481	1,543	1,508
Data Source: Trip Detail								

Figure 20: Use of IDP to Developmental Therapy July 2016- Feb 2018



The evaluation team explored the trips detail data and determined that in FY17 only one person who made a trip to developmental therapy named the IDP as the preferred provider. This accounts for only 8 of the 487,299 (less than .0001%) trips to developmental therapy provided by IDP. In FY18, 10 people listed IDP as preferred provider and these accounted 27 of the 332,489 trips. In FY17, only 18 of

Evaluation of NEMT in Idaho

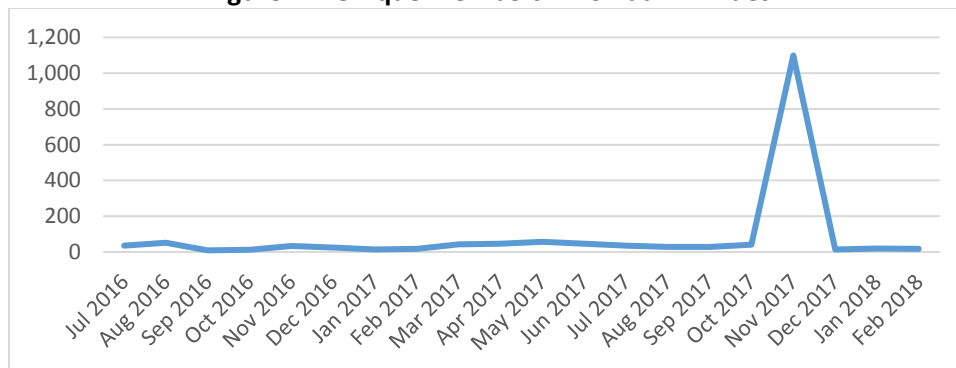
the total NEMT users (accounting for only 286 trips) listed IDP as the preferred provider. The number of IDP preferred users increased in FY18 to 121 (accounting for 495 trips).

The evaluation team conducted similar analyses for people who were part of one of the Developmental Disability Waivers in Idaho. This data is shown in Table 23. **Error! Reference source not found.** between FY17 and FY18, the use of IDP to provide rides do people on DD waivers nearly doubled, from 0.6% to 1.18%. Over the same time, use of IDP for people not on the DD waiver decreased from 11.79% to 9.93%. The number of unique members who were on the DD waiver also increased across these years (33 to 160) and decreased for people not on the DD waivers (1,405 to 1,091). The proportion of rides provided by IDP was relatively small for both DD waiver and non-DD waiver, but especially for people on the DD waiver. Still, the increase is noteworthy and requires explanation.

Table 23: IDP Provided Transportation for those on DD Waiver				
	DD waiver		NON DD waiver	
	FY17	FY18	FY17	FY18
Non-IDP rides	516,654	340,337	610,023	365,433
IDP rides	3,103	4,077	81,518	40,272
Non-IDP %	99.40%	98.82%	88.21%	90.07%
IDP %	0.60%	1.18%	11.79%	9.93%
Unique members provided service by Non-IDP	1,466	1,394	5,131	4,245
Unique members provided service by IDP	33	160	1,405	1,091
Data Source: Trip Detail				

Figure 21 shows the number of unique members on the DD waiver who received IDP each month. There is a large spike in November 2017, immediately following the Current Broker's announcement that they would be ending the contract to provide NEMT. Among the 2,720 trips provided to those on DD waiver in November, the purpose was mostly to counselors (33%), specialists (25%) and PCPs (11%).

Figure 21: Unique members who had IDP rides

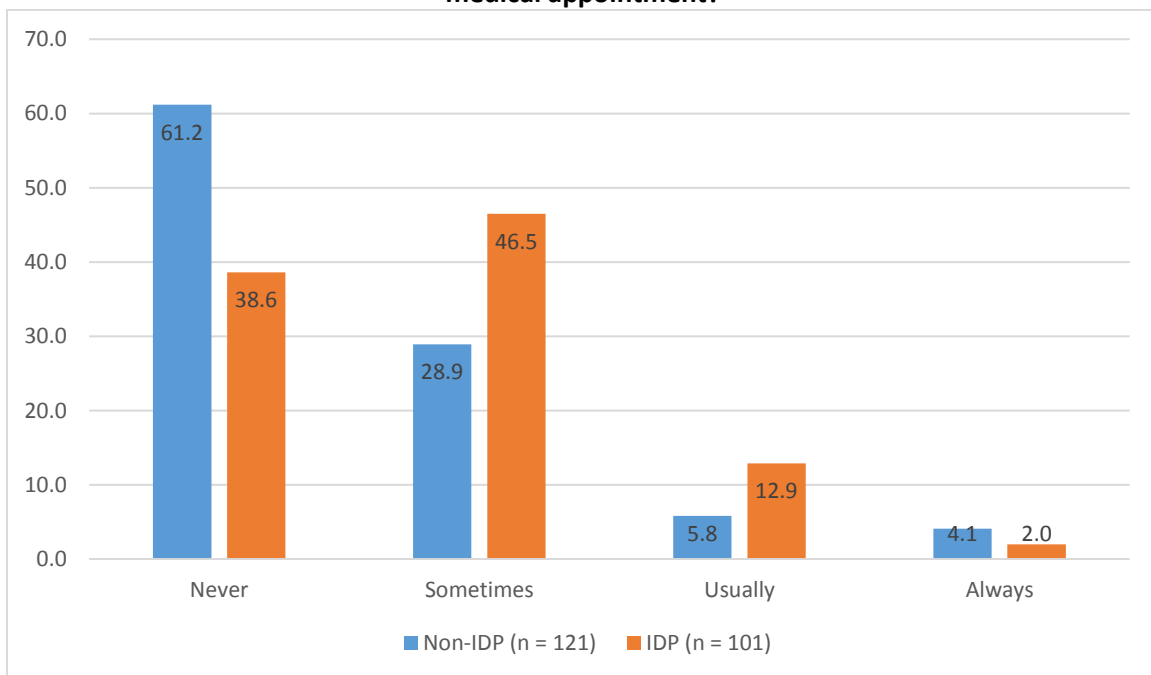


IDP Ride Experience

While the interviews that the evaluation team conducted with riders did not include the experience of riding with IDP (which is not surprising given the low percentage of riders who used IDP), the team was able to compare survey results from areas where the IDP was in operation with the rest of Idaho. Results from several of the survey questions on ride experience showed significant differences with IDP counties having lower ratings of their ride experience. These are detailed in previous sections of the report, and repeated below.

Figures 22, 23, and 24 show survey results based on whether the person lived in an IDP County or in a non-IDP County. In particular, the question about how often the Current Broker transportation failed to pick up a rider for a medical appointment showed that people in the Current Broker counties had worse access to transportation. In the rest of Idaho, over 61% of the Current Broker said that they never had any issues with not being picked up, compared to 38.6% of IDP counties. Put differently, people in IDP counties experienced not being picked up for an appointment more often than people in other counties. These differences were statistically significant ($\chi^2 = 5.872$, $df = 1$, $p = .015$).

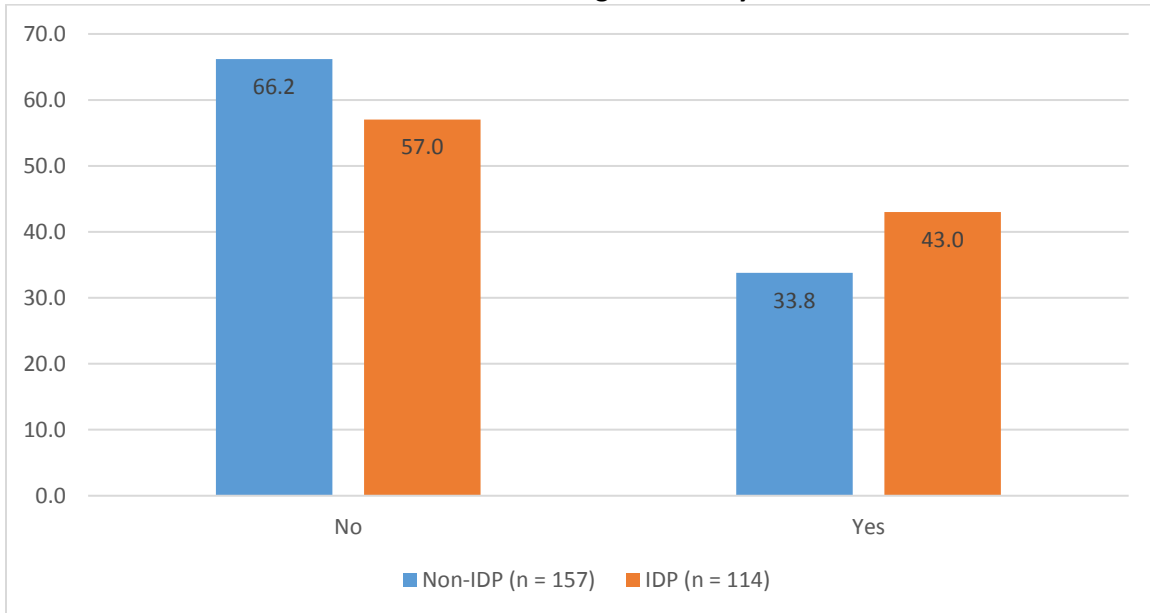
Figure 22: In the last year, how often did the Current Broker's transportation fail to pick you up for a medical appointment?



Another question as to whether a survey respondent had experienced in the times where they needed transportation to or from a health care visit but could not get it. People in IDP counties were more likely to say yes (53.1%) than people in other counties (32.8%). These differences were not statistically significant.

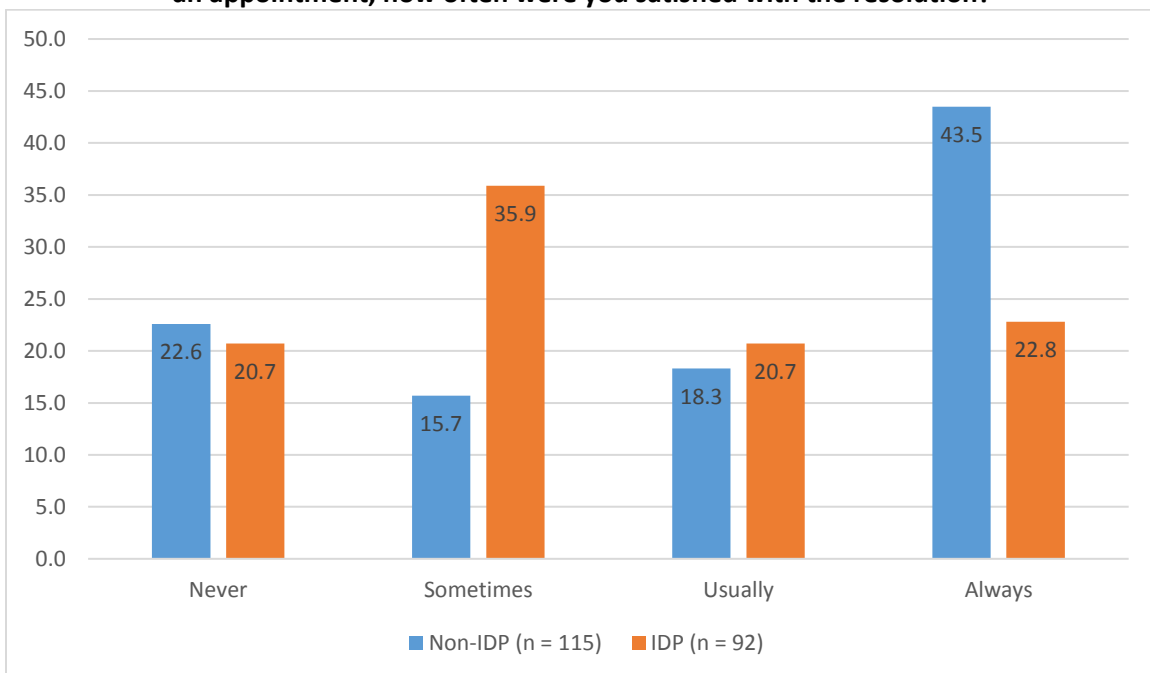
Evaluation of NEMT in Idaho

Figure 23: In the last year, was there any time when you needed transportation to or from a health care visit but could not get it for any reason?



Finally, the evaluation team asked people how often they were satisfied with the resolution if they had any problems with transportation during the trip or at the appointment. People in IDP counties were less likely to be satisfied with that resolution. Fewer people in IDP counties (less than 25%) answered always to this question compared with 43.5% of people in other counties ($\chi^2 = 5.167$, $df = 1$, $p = .023$).

Figure 24: If you encountered a problem with the Current Broker transportation during your trip or at an appointment, how often were you satisfied with the resolution?



Stakeholder Perspectives on IDP

Most stakeholders suggested that the IDP was problematic and not as effective in supporting persons with disabilities as previous NEMT brokers had been. An advocate explained that it “just wasn’t a great structure,” while another labeled the IDP “a disaster for many.” A common critique of utilizing independent drivers was that the services lacked consistency, which negatively impacted service provision. Stakeholders emphasized the benefits of having access to the same providers for each ride (which is possible in the 3PO system, but unlikely with IDPs), who knew the needs of particular service users from working with them over extended periods of times. A stakeholder explained this issue: “People we work with have chronic disabilities, the continuity and consistency, and a so-called Uber system, which works when you have multiple providers providing the NEMT, just didn’t work out.”

A particular reason for describing IDP as inconsistent had to do with the dispatch. Different drivers could be dispatched for each appointment, which was unsettling for many writers with intellectual and developmental disabilities, as well as younger writers who are scared of strangers. It would be beneficial for these populations to have consistent drivers who they can get to know, and so that the drivers could develop a stronger understanding of how to meet the needs of a particular rider.

As noted earlier, IDHW staff was aware of these concerns and worked with the Current Broker so that IDP rides were not provided to people with developmental disabilities in particular, unless the IDP was their preferred provider.

An IDHW staff member explained:

Something in particular that we discovered with using The Broker is with the IDPs, for some people with DD, they need more of a consistent schedule with their daily activities where a more traditional type of transportation provider like the 3POs would probably be a better fit for them.

Driver Perspectives on IDP and Perspectives on IDP Drivers

The IDP drivers who participated in an interview appreciated the flexibility that the program provided them. It offered decent incentives and worked around the needs of the driver. One driver noted, “I like the program because you can schedule yourself if you have time, you can go on rides. You can sign off when you want to. You make money when you want.” In addition, another driver claimed that the service users he drove to appointments reported preferring this system over multi-person vans, although the evaluation team did not receive any feedback directly similar to this, and it is unclear what population he was driving.

Evaluation of NEMT in Idaho

Some IDP drivers were hesitant to provide more NEMT rides because they felt that it was risky to accept one. One IDP driver said, “When we first started, it was 70% cancellation trip. Last week I drove it was 30%-40% success rate.” Data was then available to support this claim, and the numbers cited here are likely hyperbolic, although it does raise an important issue. If drivers are only paid for trips that they complete, taking on a ride with a passenger with on the driver is not familiar or had driven before is risky, and their ride may be hard to fill.

What the drivers call “flexibility” is related to the “inconsistency” noted by other stakeholders (see above). The IDP drivers who were interviewed were all part-time, occasional drivers, which is exactly what many stakeholders see as problematic for service users with disabilities. The weather in Idaho compounds this issue. As one stakeholder said, “IDPs also don’t work because if it snows here, you ain’t going to find nobody to drive people.” Drivers seemed to be unwilling to risk providing rides in poor weather or for low compensation, which likely resulted in some NEMT users missing vital healthcare appointments. Another driver noted that it was difficult for people to get home from appointments that ended later in the day and into the evening when many drivers had already logged off. For a system such as IDP, the Current Broker needs to maintain some control over the available network to ensure that rides can be provided when they are needed.

It is also not clear what the training requirements were for IDP drivers and whether those requirements were met. IDHW noted that from their perspective drivers were held to the same training requirements here regardless of whether they were IDPs or worked for 3POs. However, IDHW acknowledged that the Current Broker had separate contracts with IDPs, so differences could arise. Details on training for the IDP drivers were not maintained by the Current Broker in the same way that training details were maintained by 3POs, so it is not even possible to further investigate the training received.

The lack of training for IDP drivers was one of the main concerns from advocacy groups which led to the creation of a subcommittee on transportation issues. Stakeholders had concerns about training for working with people with disabilities, serving people with special needs, and how to handle problematic behaviors. The Current Broker noted that IDPs received “an extensive 2-hour training that did cover a lot of areas, and there was a booklet in terms of written materials” prior to providing transportation. However, it would be up to IDPs themselves to review booklets. Some of the IDP drivers acknowledged that they could have used additional training. One driver explained that he participated in a 30-minute class on how to utilize the phone application which managed appointments, but was not provided with any information on working with people with disabilities. In regards to such training, and

Evaluation of NEMT in Idaho

advocate asserted that the Current Broker provided “zero to none,” with an IDP driver describing it as “minimal, at best.”

Others noted that they could have used additional training even on the basics of the job. One noted that the training was not effective in understanding how to work the technology associated with accepting a ride. One IDP driver said, “You mean something like this: “It would’ve been nice if they had slides of all the different pages on the app, because I worked there a few weeks until I figured out how to use the app. So if they just had, in [the Current Broker’s] presentation, if they had information about the app.”

In general, there was a call by both IDP and 3PO drivers for training on cultural competency concerning the disability community, practical skills in supporting people with disabilities, as well as overall professionalism and customer service. Both types of drivers provided services for people with diverse disabilities, and often felt ill-prepared to communicate with these people and support their individual needs. A female stakeholder explained that drivers often had little exposure to the disability community, and required training on “how to talk to patients, or how to be sensitive, culturally.” More so, there was a strong call for logistical training on how to, for instance, use a ramp, secure a wheelchair in the vehicle, or collapse/store walkers and wheelchairs properly. Lastly, stakeholders suggested that customer service training be provided to both drivers, as well as employees working in the Current Broker call center to improve professional practice and respectful service provision.

Recommendation 27: The NEMT broker should continue to do their own training, but once a year they should have refresher/follow-up training provided by advocacy groups in Idaho. These training should be mandatory for all drivers, both IDP and 3PO. If the driver does not attend, they should not be allowed to drive until they have completed training with an advocacy organization.

Several advocates discussed one particular incident where a young man with Down syndrome was allegedly assaulted when an IDP driver could not complete a ride and sent a friend to complete the ride. The friend was a sex offender who should not have been in that situation. An advocate summed up concerns about safety with IDP:

The problems were significant and put people’s lives at risk.

IDP is very independent and additional monitoring of independent drivers is necessary to ensure that issues like this do not occur.

Recommendation 28: IDHW and the NEMT broker should collaborate on training materials that would be available to family members and other advocates. These materials should address questions related to NEMT about the operations of the program and assurances about the services that the NEMT user would be receiving. This could include something like a “Bill of Rights” for NEMT users and training about what should be expected from the service.

The Current Broker’s Perspectives on IDP

Near the end of the Current Broker’s time providing NEMT services in Idaho, the evaluation team asked the Current Broker about their perspectives on the IDP system. They responded, “[The Current Broker’s] position is that in order for the IDP model to truly succeed, an adequate number of trips would be necessary within a designated area (i.e., appropriate trip density). The exclusion of the entire DD population meant the anticipated density was not realized and the Current Broker’s position is that the RFP did not specify that this population would be wholly excluded.”

Conclusions Regarding IDP

There is little question that IDP was not successful in Idaho. People in counties where IDP was active tended to have poorer experiences with the Current Broker than people in other counties. Advocates and stakeholders were concerned with IDP from the start. Little information was available on training for IDP drivers, and the drivers themselves acknowledged that they could have benefited from more training.

Some stakeholders were happy with the efforts made by the Current Broker in particular circumstances. A common example from advocates and healthcare providers was that they appreciated that the Current Broker was responsive to needs expressed during stakeholder meetings. An advocate explained, “One thing that [the Current Broker] did do after several meetings was implement a fixed route in the Treasure Valley area (around Boise) where the IDP was implemented, and that maintained the same drivers on that route. People were really happy with that implementation. That wasn’t until way late in the contract – but it demonstrated that [the Current Broker] was trying to be responsive to what the needs were.”

Still, the Current Broker’s model for providing services is predicated on the IDP, so it is not surprising that the lack of success for IDP led to the Current Broker’s decision to end its contract early. The market for NEMT services was not large enough in the Boise area to support this model, although, as the data shows, they continued to provide IDP rides to people on the DD waiver and people traveling

to developmental therapy. The Current Broker claimed above that they did not realize that the DD population would be included because the RFP did not specify that regulation. While this may be true, the RFP also did not anticipate the possibility of an IDP and did not include any regulations for such a model. Nonetheless, the Current Broker and its IDP model were chosen as the next contractor. The contract should have explicitly stated regulations, expectations, and exclusions for the IDP model in order to allow the Current Broker, and more importantly the riders of NEMT, to be successful.

Recommendation 29: Future RFPs should allow for room for the possibility of a model similar to RDP in the future. Future contracts with NEMT providers should have some generic elements (such as data requirements), but also be specific to the model that is proposed. The IDP part of the Broker, the contract should have specified training and management of IDPs and where IDPs could and could not be used, at minimum.

Other Issues

Many drivers also discussed other issues that were important to them. Because drivers often have relationships with riders, these issues are important to riders as well because of potential impacts on their ability to access care and receive quality transportation services. Many of these stakeholders felt that the Current Broker was putting extra burden on the drivers and providers.

For instance, drivers and providers discussed compensation. Stakeholders felt that the Current Broker was not paying adequate wages to drivers and providers which impacted the quality of NEMT services. One stakeholder said, “Idaho is a rural and poor state. I also think because Idaho has a difficulty in paying livable wages, it compresses our ability to pay providers what they’re worth, so we get low-quality providers but expect high standards from them.” Additionally, drivers indicated that although they were told they were to be reimbursed for employee no shows that was not always the case. Additionally, IDPs claimed that they were paid for linear mileage, rather than actual mileage. For example, one IDP said:

One other thing about the forward progress miles, the miles you take to get to a place, if it’s over 5 miles, they pay how the crow flies. That’s not good. My car doesn’t fly, I have to drive the way the road goes.

Many stakeholders indicated that they did not have any difficulty being reimbursed for rights quickly and consistently.

Evaluation of NEMT in Idaho

Immediately following the beginning of the Current Broker's contract, a series of media articles, including local newspapers, wrote about the low reimbursement rates for transportation drivers and providers. Many of these reports noted that there had not been increases for drivers and providers in many years, which does not allow for drivers to have raises or account for rising gas prices. The evaluation team did not conduct an independent evaluation of the rates paid to drivers and providers. This would not have been possible given the data available, and was therefore outside the scope of the evaluation contract.

Recommendation 30: IDHW should emphasize the importance of payment to providers so that a consistent, professional workforce is available to provide access to care for Medicaid members. IDHW should plan for increases in driver wages and tie NEMT reimbursement rates to cost-of-living adjustments to ensure that brokers are not locked into a particular rate.

Related to provider reimbursement, many providers indicated that it was often difficult to ensure rides without enough providers, especially in reference to IDPs. Stakeholders believed that compensation and bad weather were likely factors contributing to a shortage of drivers. One provider said:

I can't hire anyone for more than \$10 an hour, and I can't tell you how difficult it is to find a valuable person who cares about their job for \$1,600 a month."

Some drivers and providers felt that the vehicle inspection process was arduous. Providers claimed that while the Previous Broker would come to their location for vehicle inspections, providers had to take their vehicles to Boise and other locations in the state to have the vehicles inspections, which was often cumbersome and inconvenient. One provider said:

Another issue that we had with The Broker, for example, we have 20 vehicles here. We needed them to come to our location to credential our vehicles and look at our records, and we had to fight them on that. They wanted us to take our buses, drivers, file cabinets there. You can imagine our drivers have strict schedules, and transporting vehicles and hour round-trips is difficult – they should've come here. It had to be done on a Saturday, and they ultimately came out. [The Previous Broker] always came to our location. that wasn't even an issue.

The Current Broker responded that they had a Provider Network Team that traveled the state to and normally inspect each of the vehicles at each provider. The Current Broker acknowledged that some local Boise area providers did bring their vehicles to the regional office to be inspected, if those inspections were outside of the inspection timeframe, but other providers received in person

inspections. This disconnect between providers and the Current Broker is another area where processes and procedures should be clarified and made clear to the provider.

Conclusion

The Current Broker operated the NEMT program in Idaho from June 2016 to March 2018, with a mixture of results. Their model relied upon an Independent Driver Program (IDP) in the greater Boise area, which represents a unique approach to transportation services in Idaho. Because the program was new and unfamiliar, many stakeholders and advocates were anxious about how it would work with the Medicaid population, especially people with disabilities and people with developmental disabilities specifically. Some stakeholders were generally positive and felt that the Current Broker tried to fix issues that arose. For example, many of them noted that the Current Broker established a fixed route system in areas where the state told them they could no longer use IDPs for people with developmental disabilities.

On the other hand, other stakeholders were frustrated with the Current Broker and its operations. These people typically represented the disability and developmental disabilities communities. Much of the feedback contained in this report came from these frustrated stakeholders, which is not surprising because people with negative experiences are often the ones that participate in evaluations and push for change. People with positive variances or no opinions generally do not participate at the same level. This is not to say that negative feedback should be taken “with a grain of salt”; indeed, many of the issues raised by stakeholders represent significant issues that impact enrollees’ safety, access to healthcare, and the quality of their transportation services.

This evaluation contains insight based on stakeholder interviews, review of the Current Broker NEMT contracts and response to the RFP to provide transportation services, summary data contained in standard reports, and detailed reports that the Current Broker submitted to the Idaho Department of Health and Welfare (IDHW). The following points represent a summary of our findings:

- The data produced by the Current Broker largely did not point to any significant issues during their first year of operation. In fact, there was little alarming in the data until late 2017, immediately after the Current Broker announced that it was ending the NEMT contract prematurely. Many of the issues that did exist could only be captured qualitatively, and the input of stakeholders was a large reason for this evaluation.
- There were a number of complaints about the IDP model. Survey respondents from counties where IDP operated had much worse experiences with the Current Broker than respondents from other counties. IDHW heard many of these complaints and required that the IDP model would not be used for people with developmental disabilities, unless it was expressly noted that

Evaluation of NEMT in Idaho

an individual preferred IDP. Nonetheless, IDP continued to be provided to people with developmental disabilities for the duration of the contract, and increased in the last year. IDP drivers, advocates, and other stakeholders were especially concerned with IDP because there was little training provided to drivers and little oversight of the program (e.g., there was little regulation of the network of drivers, they essentially worked when they wanted, and rides could not be guaranteed).

- While Corrective Action Plans were put together by IDHW, some came too late in the contract to effectively address any of the issues. Others were issued earlier but because the contract was ended early, the resolutions had little time to make an impact. It is easy to retroactively say that many of the plans should have been put in place earlier, but it is fair that IDHW allowed the Current Broker to complete the first year of operation before implementing corrective action. Combined with the Current Broker's decision to terminate the contract early, the plans had limited impact.
- One of the largest concerns, and there was a Corrective Action Plan for this, was data around complaints, grievances, and appeals. IDHW and stakeholders did not feel that the data reported by the Current Broker was accurate or represented all of the complaints that were made. The evaluation team was also frustrated by the quality of this data, which did not include descriptions of the reason for the complaint or the resolution that was made. The Current Broker's data clearly showed that they did not investigate all of the complaints or resolve them on time. Notwithstanding the previous bullet point, this Corrective Action Plan should have been implemented sooner. Some advocates develop their own online complaint system, which was used by policymakers and IDHW staff to show some systematic threats to the quality of transportation and access to healthcare that NEMT users faced.

It can be useful to contract with outside sources rather than just the Current Broker, to provide independent training and evaluation. For instance, because many of the drivers acknowledged that they needed more training on working with people with disabilities and other stakeholders were concerned with their perceptions of lack of training, it would make sense to require brokers to contract with a local organization, such as an advocacy group, Center for Independent Living, or University Center of Excellence in Developmental Disabilities, to provide that training and hands-on experience working with people with disabilities. At the same time, such organizations can conduct independent evaluations to provide data and feedback that would not show up in the reports published by NEMT contractors.

Looking Ahead

Some interview respondents provided feedback about their anticipation of the Next Broker. Stakeholders were mostly hopeful about the imminent transition to the Next Broker, for a number of reasons. One advocate noted that the Next Broker understands the ADA and had a model that worked well in others states. Others, including advocates and healthcare providers, who had already been in contact with the Next Broker noted that they were quick to respond, flexible, and proactive. Healthcare providers and advocates were also optimistic because the Next Broker does not use an IDP system, so

Evaluation of NEMT in Idaho

nearly all the transportation will be provided by the traditional transportation companies. The Next Broker had already started providing training to some stakeholder groups, such as healthcare providers and advocates. However, the evaluation team did not assess the transition to the Next Broker or review or make comparisons with their data. These activities are outside of the scope of work of the evaluation contract, although it would be a good idea to repeat elements of the evaluation with future brokers to help ensure that NEMT services in Idaho are useful to the Medicaid population.

Appendices

Appendix A. Enrollee Survey

Figure 25: Member Survey

Q23 What are the reasons you missed a healthcare appointment? Mark all that apply.

- | | | | |
|---|--------------------------|---|--------------------------|
| Costs too much | <input type="checkbox"/> | Hours of operation were not convenient for me | <input type="checkbox"/> |
| Couldn't get childcare | <input type="checkbox"/> | No insurance | <input type="checkbox"/> |
| Couldn't get time off from work | <input type="checkbox"/> | Place did not accept the insurance coverage | <input type="checkbox"/> |
| Couldn't get through on the phone | <input type="checkbox"/> | Takes too long to get there | <input type="checkbox"/> |
| Couldn't schedule appointment soon enough | <input type="checkbox"/> | Transportation problem | <input type="checkbox"/> |
| Didn't get approval from plan | <input type="checkbox"/> | Too sick to go | <input type="checkbox"/> |
| Didn't have time | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Didn't want to go | <input type="checkbox"/> | | |

Please specify:

Demographics - Consider the demographics of the Medicaid enrollee when answering the following questions.

Q24 What kinds of specialized assistance or equipment do you need to travel outside your home? (Please mark all that apply)

- | | |
|--|--------------------------|
| None | <input type="checkbox"/> |
| Assistance from another person while OUTSIDE the home | <input type="checkbox"/> |
| Interpreter | <input type="checkbox"/> |
| Service animal | <input type="checkbox"/> |
| Manual wheelchair | <input type="checkbox"/> |
| Electric scooter or wheelchair | <input type="checkbox"/> |
| Cane, crutches, or walker | <input type="checkbox"/> |
| Hearing aid | <input type="checkbox"/> |
| Visual aids (Magnifiers or high-powered glasses; white cane) | <input type="checkbox"/> |
| Oxygen tank | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Please specify:

Q25 What is your age?

- | | |
|----------------|--------------------------|
| Under 18 | <input type="checkbox"/> |
| 18-30 | <input type="checkbox"/> |
| 31-50 | <input type="checkbox"/> |
| 51-64 | <input type="checkbox"/> |
| 65+ | <input type="checkbox"/> |

Q29 We will also be interviewing participants in the Idaho Medicaid program in order to learn more about perspectives and experiences with Veyo's services. These interviews would be conducted over the telephone and will not be recorded and your information will not be shared with anyone outside of the research team. Would you like to be contacted for a follow-up interview?

No, please do not contact me

Yes, I would like to share my perspectives and experiences through a telephone interview

Please contact me using the following telephone number:

Idaho 2017 Medicaid Transportation Program Survey (Veyo)

The purpose of this survey is to better understand your experience using Idaho's Medicaid transportation which is provided through Veyo. We want to know about the quality of the services and if they help you in accessing medical care. Your input is valuable for improving transportation to medical appointments in Idaho. Your privacy is protected. The research staff will not share your personal information with anyone without your permission. Personally identifiable information will not be made public. This survey is optional. **Please think about the last year when answering these questions.** If you choose not to complete the survey, it will not affect the transportation benefits you receive from Veyo. If you have any questions, please refer to the cover letter or call the evaluation team at 1-844-781-4158 if necessary.

ID # for Office Use Only

Use of Medicaid Transportation - Please think about any type of healthcare appointment including, but not limited to, office visits, dialysis, and physical therapy. Please also include trips to day programs, supported employment, etc.

Q1 How often have you used Veyo's Medicaid transportation services in the past year?

- | | |
|-------------------------------------|--------------------------|
| Never (for no appointments) | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Usually | <input type="checkbox"/> |
| Always (for all appointments) | <input type="checkbox"/> |

Q3 In the last year, how often did you go to medical appointments?

- | | |
|-----------------------------------|--------------------------|
| One or more times a week | <input type="checkbox"/> |
| One or more times a month | <input type="checkbox"/> |
| Once every two months | <input type="checkbox"/> |
| Once in the past six months | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |

Q2 What type of transportation do you use MOST OFTEN for medical appointments? (Please mark only ONE)

- | | |
|--------------------------------------|--------------------------|
| Personal vehicle as DRIVER | <input type="checkbox"/> |
| Personal vehicle as PASSENGER | <input type="checkbox"/> |
| Carpool/vanpool | <input type="checkbox"/> |
| Bus | <input type="checkbox"/> |
| Paratransit van or bus | <input type="checkbox"/> |
| Taxi or other private provider | <input type="checkbox"/> |
| Veyo | <input type="checkbox"/> |
| Independent Driver Program | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Please specify:

Q4 What were the reasons you did not use Veyo's Medicaid transportation services? (Mark all that apply)

- | | |
|---|--------------------------|
| I drive myself | <input type="checkbox"/> |
| My family or friend drove me | <input type="checkbox"/> |
| My personal attendant drove me | <input type="checkbox"/> |
| I didn't know that this service was available | <input type="checkbox"/> |
| I tried to use this service, but they didn't have rides available when I needed one | <input type="checkbox"/> |
| Previous negative experience with service | <input type="checkbox"/> |
| Scheduling transportation services is too difficult | <input type="checkbox"/> |
| N/A, I always use Veyo's transportation | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Please specify:

Q5 How long does it take you to get to your primary care provider's facility on average?

- | | |
|----------------------------|--------------------------|
| Less than 15 minutes | <input type="checkbox"/> |
| 16-30 minutes | <input type="checkbox"/> |
| 31-45 minutes | <input type="checkbox"/> |
| 46-60 minutes | <input type="checkbox"/> |
| More than 1 hour | <input type="checkbox"/> |

Evaluation of NEMT in Idaho

Scheduling Your Ride - Please consider all the times you've contacted Veyo in the last year. If these questions do not apply to you, please leave them blank.

<p>Q6 When you phoned the Veyo Call Center to request transportation services, how often was the representative polite and courteous?</p> <p>Never.....<input type="checkbox"/></p> <p>Sometimes.....<input type="checkbox"/></p> <p>Usually.....<input type="checkbox"/></p> <p>Always.....<input type="checkbox"/></p>	<p>Q9 If you phoned and requested to speak with a supervisor or escalation agent, how often did you get to speak with them?</p> <p>Never.....<input type="checkbox"/></p> <p>Sometimes.....<input type="checkbox"/></p> <p>Usually.....<input type="checkbox"/></p> <p>Always.....<input type="checkbox"/></p>
<p>Q7 When you phoned the Veyo Call Center to ask questions about transportation, how often was the representative knowledgeable, helpful, and met your needs?</p> <p>Never.....<input type="checkbox"/></p> <p>Sometimes.....<input type="checkbox"/></p> <p>Usually.....<input type="checkbox"/></p> <p>Always.....<input type="checkbox"/></p>	<p>Q8 If you encountered a problem with the Veyo Call Center representative, how often were you satisfied with the resolution?</p> <p>Never.....<input type="checkbox"/></p> <p>Sometimes.....<input type="checkbox"/></p> <p>Usually.....<input type="checkbox"/></p> <p>Always.....<input type="checkbox"/></p>
	<p>Q10 If you spoke with a supervisor or escalation agent, how often were they polite and courteous?</p> <p>Never.....<input type="checkbox"/></p> <p>Sometimes.....<input type="checkbox"/></p> <p>Usually.....<input type="checkbox"/></p> <p>Always.....<input type="checkbox"/></p>

Ride - Please consider the transportation rides you received from Veyo in the last year when answering the questions below. If these questions do not apply to you, please leave them blank.

<p>Q11 When transportation arrived, how often was the vehicle appropriate to meet your transportation needs (i.e., if you use a wheelchair the vehicle had a functional ramp or lift)?</p> <p>Never.....<input type="checkbox"/></p> <p>Sometimes.....<input type="checkbox"/></p> <p>Usually.....<input type="checkbox"/></p> <p>Always.....<input type="checkbox"/></p>	<p>Q13 When you received transportation, how often did you feel safe when riding with a transportation driver?</p> <p>Never.....<input type="checkbox"/></p> <p>Sometimes.....<input type="checkbox"/></p> <p>Usually.....<input type="checkbox"/></p> <p>Always.....<input type="checkbox"/></p>
<p>Q12 When you received transportation, how often was the transportation driver polite and courteous?</p> <p>Never.....<input type="checkbox"/></p> <p>Sometimes.....<input type="checkbox"/></p> <p>Usually.....<input type="checkbox"/></p> <p>Always.....<input type="checkbox"/></p>	<p>Q14 When you received transportation, how often was the vehicle clean?</p> <p>Never.....<input type="checkbox"/></p> <p>Sometimes.....<input type="checkbox"/></p> <p>Usually.....<input type="checkbox"/></p> <p>Always.....<input type="checkbox"/></p>

Q15 When you received transportation, how often was the vehicle provided in good mechanical repair (not overly loud or having vehicle exhaust problems)?

Never.....☐

Sometimes.....☐

Usually.....☐

Always.....☐

Q16 When you received transportation, how often was the driver on time to pick you up for a trip to or from an appointment?

Never.....☐

Sometimes.....☐

Usually.....☐

Always.....☐

Q17 Using a number from 0 to 10, where 0 is the worst transportation service possible and 10 is the best transportation service possible, what number would you use to rate the transportation services provided by Veyo?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Difficulties

Q18 In the last year, was there any time when you needed transportation to or from a health care visit but could not get it for any reason?

No.....☐

Yes.....☐

Please explain:

Q20 If you encountered a problem with Veyo transportation during your trip or at an appointment, how often were you satisfied with the resolution?

Never.....☐

Sometimes.....☐

Usually.....☐

Always.....☐

N/A, did not use Veyo transportation.....☐

Q19 What kinds of difficulties do you have in getting the transportation you need? (Please mark all that apply)

None, I always have access to the transportation I need.....☐

Don't have a car.....☐

No or limited public transportation (e.g., ACCESS bus services) in my community.....☐

No or limited taxi service in my community.....☐

Buses don't run on time or don't run when needed.....☐

Bus stops are too far away.....☐

Doctor's office is too far.....☐

Bad weather.....☐

Can't use equipment such as a walker, cane, wheelchair, etc., with available transportation.....☐

Physical or other disability makes transportation hard to use.....☐

Costs too much.....☐

Don't want to ask for help or inconvenience others.....☐

No one to depend on.....☐

Fear of crime.....☐

Other.....☐

Please specify:

Q21 In the last year, how often did Veyo's transportation fail to pick you up for a medical appointment?

Never.....☐

Sometimes.....☐

Usually.....☐

Always.....☐

N/A, did not use Veyo transportation.....☐

Q22 If Veyo failed to pick you up, do you feel that missing your appointment(s) impacted your health?

Yes.....☐

No.....☐

Don't Know.....☐

N/A, did not use Veyo transportation.....☐

Appendix B. Extra Tables

Table 24: Overview of IDHW Requested Corrective Action Plans

Title	Number	Initiated Date	Reported Issues	Required Actions
Customer Service & Call Center Staff Training	002	8/3/2016	(1) Callers being hung up on after scheduling one or two trips when they have additional trips to schedule (2) Inconsistent responses to questions when callers call in multiple times for the same participant (3) Callers not being transferred to a supervisor when asked (4) Customer service representatives not being able to find trips after they have been scheduled and confirmed	Call Center Training Protocol Review & Update
				Call Center Agent Retraining
				Call Center QA Process Improvement
				Escalation Process Improvement
				Implement Technical Fix for Trip Modification
				Evaluate Feasibility and Implement Hold Music
				Evaluate and Select New Phone System Vendor
Participants with Special Healthcare Needs	002	8/3/2016	(1) Please describe the workflow process in place to ensure participants with Special Health Care needs (as described above) are being transported in a timely manner, by drivers who understand and can meet their needs, and (when possible) with their preferred provider. (2) Please describe any system enhancements to allow CSR's to easily identify participants with Special Health Care needs including by not limited to the developmentally disabled population and participants identified as Refugees.	Call Center Agent Retraining
				Implement Process & Technical Fixes for Trip Allocation
				Case Manager Upload: Process Improvement and Web-Based Training
				Technical Enhancement for Development Therapy Participant Identification
				Pick-Up Time Process and Technical Enhancement
				Provide Additional Refugee Sensitivity Training to IDPs
Policy and Procedure Manual	004	8/4/2017	There have been updates to the Current Broker's policies and procedures since we received the last version of the manual on 9/1/2016.	Compliance Team To Provide Documents Annually to IDHW
Timely Transportation Services	005	8/4/2017	There have been 430 complaints received between dates 1/1/17 and 6/26/17 from providers and participants regarding missed pick-ups and late trips.	Introduce Routed IDP Trips
				Add Incentives for IDPs During Peak Hours and Continuing to Onboard More IDPs
				Call Center to Work with Dispatch to Get Member Transportation

Evaluation of NEMT in Idaho

Table 24: Overview of IDHW Requested Corrective Action Plans

Title	Number	Initiated Date	Reported Issues	Required Actions
				Resolve Inaccurate Data in the Current Broker's Files
Timeliness of Responses to the Department and Providers	006	8/4/2017	The Department has sent emails to the Current Broker requesting information regarding complaints from customers including participant appeals and experienced issues with receiving timely responses from the Current Broker. The Department has also had complaints from Providers and Participants or Participant guardians stating that they call the Current Broker, speak with a supervisor or escalations team member to submit a complaint and are told they will research the complaint and call them back to follow up. The follow up call is not received by the person initializing the complaint.	Review Call Performance
				Dedicated Staff for Grievances and Appeals and Cross-Training
				Sensitivity Training and Follow-Up Monitoring
Complaint Tracking	007	8/4/2017	The Department has found complaints in the complaint tracking system that have not been addressed within 5 business days.	Dedicated Staff for Grievances and Appeals and Cross-Training
				Ensure Timely Response by Working with Provider Network Coordinator
				Work with Call Center Escalations to Ensure Minimum Standard of Information Regarding Complaints is Always Collected
				Increase Capacity of Existing 3POs

Evaluation of NEMT in Idaho

Table 25: Reasons for Denials, the Current Broker July 2016 - June 2017

Trip Status Reason Name	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017	April 2017	May 2017	June 2017	TOTAL
Insufficient Advanced Notice		8	66	133	107	191	175	135	120	129	195	119	1,378
Missing necessary form	8	27	28	13	20	13	35	62	18	30	47	24	325
Not Eligible For Service	1	1	18	57	378	797	178	524	383	357	270	291	3,255
Not Medicaid Covered	1												1
Not Medicaid Covered - Doctor		4	2	12	5	18	8	10	34	21	27		141
Not Medicaid Covered - Reason for Trip			2	20	54	32	72	45	41	30	53	62	411
Other	323	442	243	295	153	181	143	395	410	347	687	928	4,547
PACE					2			2					4
Refuse Appropriate Mode				15	95	3,958	168	70	41	85	84	80	4,596
Refuse Closest Facility				1				1			2		4
Unable to Verify Appointment		2		6	6	4	13	35	40	20	7	12	145
TOTAL	333	484	359	552	820	5,194	792	1,279	1,087	1,019	1,372	1,516	
% of Total Trips	0.11%	0.13%	0.10%	0.15%	0.21%	1.36%	0.20%	0.35%	0.26%	0.28%	0.34%	0.22%	